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ABSTRACT

The curriculum guide is intended for those who live and work with mentally retarded adults and for mentally retarded adults attempting to succeed in community living. The first section focuses on training staff and provides guidelines for describing the content and methods employed in the curriculum. Research on such issues as self-concept, sex and marriage, child rearing, and sterilization and abortion is reviewed, legal concepts considered, religious thinking on the issues addressed, and suggestions for working with parents offered. The curriculum itself is composed of seven units, with goals, objectives, and activities designed to help the learners grasp the main points. The units include the following: understanding your body (individual differences/self-care); experiencing your life cycle (baby to senior citizen); sharing your feelings (becoming aware, understanding others); accepting your handicap; expressing your sexuality (sexual feelings and expression, marriage, parenthood); relating person to person (friends, work associates); and keeping fit (illnesses of the sex organs and urinary system, drugs, safety and first aid). The final section, the appendices, includes worksheets, policy statements, a list of rights of the developmentally disabled, sample letters, a glossary and subject index, and a list of resources for teaching aids and materials. (CL)

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EDUCATION FOR ADULTHOOD

A curriculum for the mentally retarded who need a better understanding of life's processes and a training guide for those who will teach the curriculum.

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EC 160442

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".... all people are equal in their humanity
and....all have the same rights. None is to be
considered less, as a human being,
than any other, and each must be given
his place and his safety
in the world."

-Pearl S. Buck "The Child Who Never Grew"

FOREWORD

Only occasionally can the seed of an idea germinate to full expression. Such is the case with this work, the curriculum and program called EDUCATION FOR ADULTHOOD. Mrs. Greenhaum and Mrs. Noll, both experienced mental health professionals, have recognized that in order for the mentally retarded adult to be able to deal with the stresses of community living, it is necessary to make available to that person much more information than has heretofore been considered appropriate. Important subjects for the mentally retarded adult include feelings and emotions, sex and sexuality, family structures and relationships, the body and how it works - indeed, the same information one would seek to present to "normal" adolescents and young adults to help them cope with the strong and complex pressures they face.

It has taken the profession a long time to realize that the pressures on the mentally retarded adults are similar to those on others although their experience is slightly different, and that the need for interaction and advise is certainly as great.

The information collected in this volume is not new or startling, but what makes this work unique and innovative is the careful way it is put together, the structure of the curriculum guide, the use of audio-visual materials, and the manner in which responsible staff trainers themselves are trained first.

A pilot presentation of this concept in 1978 revealed that it was not so much the retarded adult who was unready for this information as the caretaker. It became clear that it was necessary to educate both.

Simply disseminating factual material to staff and client rarely results in understanding. Hence, the concept of a process of information transmission became the program called EDUCATION FOR ADULTHOOD. It has been my pleasure to watch this idea grow and to see not only its germination but its blossoming. The care and dedication of its authors are evident in the manner of presentation as well as the comprehensiveness of subjects covered.

EDUCATION FOR ADULTHOOD is a program that should enrich the lives of professional and client alike.

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PREFACE

EDUCATION FOR ADULTHOOD was written as a guide for those who live and work with mentally retarded adults and for those adults who are being mainstreamed into community life. Since mainstreaming exposes these adults to new experiences and demands that affect their social behavior, self concepts, sexuality, health, etc., the mentally retarded adult must learn many new things and review many things he or she already knows if they are to live successfully in the community.

In EDUCATION FOR ADULTHOOD we provide a curriculum to be taught to these new members of our community so they can learn about themselves and about responsible adult behavior. We have tried to provide this in an organized and comprehensive way that reflects what we, as professionals in the field, have learned is important to mentally retarded adults, their families, and caretakers, and to staff in various schools, group residences, workshops, and health centers that serve them. EDUCATION FOR ADULTHOOD also provides a staff training program that sensitizes staff to the needs of these developmentally disabled adults, helps them develop skills that will enhance their work, and provides them with instruction in how to use this curriculum. Though this program was prepared for work with mentally retarded adults, the curriculum and approach are also valid for use with groups having other types of learning problems.

This guide is divided into three sections. Part I deals with staff training; Part II contains the curriculum; and Part III offers a list of resources, reference material, and bibliographies. We have elected to train staff as a group and to teach the curriculum in groups. We have first suggested ways in which the trainer can approach staff training, and then offered ways in which staff can approach mentally retarded adults, their familits, and caretakers.

The information in the guide is more than anyone can absorb, but we offer all of it here so that staff can select what is relevant to their groups and go into as much detail as they feel is appropriate.

This guide is unique in several ways. First, it attempts to help mentally retarded adults understand the life cycle and changing physical, emotional, social, and sexual needs from birth to death. Second, it tries to help them understand their handicap. Third, it is unusually comprehensive. It provides not only a guide to staff training but also a curriculum with lesson plans, activities, bibliographies, texts for quick reference, and audio-visual material. The audio-visual material available has been specifically selected for work with the mentally retarded in the areas of the curriculum. It includes slides, film strips, 16mm films, and projectors, and is available at the Center for Developmental Disabilities of the Staten Island Mental Health Society, Inc.

Wherever possible we have used and adapted existing material. When necessary, we created our own. We were always cognizant of the learning problems of this population and employed special techniques throughout.

We want to thank Mrs. Joyce Bove for her interest and support. It was through her efforts that we received funds from the New York Community Trust for our pilot program in 1978 and again in 1981. The second grant enabled us to refine the manual and make the program available to agencies serving the mentally retarded adult throughout New York City.

We also want to thank those within our own agency who have encouraged and advised us; Dr. Kenneth Popler, Executive Director, Mr. Howard Safar, Associate Executive Director, Mrs. Mary Jane Davis, Administrator. We are indebted to Dr. Gerald Spielman, Assistant Executive Director and our immediate supervisor, who never doubted the worth of our program or our ability to implement it. We thank you for your support and confidence. A note of thanks to Ms. Sandy Barbo whose clear thinking and creativity enriched this text, and to Ms. Eileen Fitzsimmons whose administrative and secretarial skills brought order to the manual and to the project. We are also grateful to Dr. Erwin Friedman, Mr. Michael Goldenberg, Ms. Bonnie Greenbaum, Ms. Betsy Amster, Ms. Virginia Davis, and Ms. Sara Barro for their help.

We appreciate the contributions of the staff at the Staten Island Children's Museum and our friends at the Craft Club for their help in developing the mannequins.

Since much of what we've used has been adapted from other material, we thank the many researchers and authors whose works we read, paraphrased, and incorporated.

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March, 1982

EDUCATION FOR ADULTHOOD

TABLE OF CONTENTS

PAGE

Foreword . . . i

Preface . . . ii

Part I: Staff Training . . . 1
Start a training group...Problems and how to deal with them...Desensitization ...Research...Legal and Religious Issues...Techniques...Program Evaluations...Working with parents.

Part II: Curriculum

Introduction to Curriculum . . . 21

Introductory Lesson: Our Study Group. . . . 22

Unit I: Understanding Your Body . . . 26
Lesson 1: External Body Parts . . . 27
Lessons 2 & 3: Internal Body Parts.. . . . 35
Lesson 4: Individual Differences/Self Care . . 50
Teacher's Reference . . . 56

Unit II: Experiencing Your Life Cycle . . . 62
Lesson 1: The Life Cycle: What Is It?. . . . 63
Lesson 2: Baby to Senior Citizen . . . 68
Teacher's Reference. . . . 74

Unit III: Sharing Your Feelings . . . 79
Lesson 1: Becoming Aware . . . 80
Lesson 2: Understanding Others . . . 86

Unit IV: Accepting Your Handicap. . . . 91
Lesson 1: What Is A Handicap?. . . . 92
Lesson 2: How Do Handicaps Affect People?. . . 97
Lesson 3: I Have A Handicap: Mental Retardation (MR). . . . 103

PAGE

Unit V: Expressing Your Sexuality . . . 107
Lesson 1: Sexual Feelings and Sexual Expression . 108
Lesson 2: Love, Sex, Marriage, and Parenthood. . 117
Lesson 3: Human Reproduction . . . 123
Teacher's Reference. . . . 139

Unit VI: Relating Person to Person. . . . 143
Lesson 1: Relating to People . . . 144
Lesson 2: Relating to People At Home . . . 150
Lesson 3: Relating to Friends. . . . 156
Lesson 4: Relating to People At Work . . . 164

Unit VII: Keeping Yourself Fit. . . . 168
Lesson 1: Good Health Is Everybody's Business. . 169
Lesson 2: Illnesses of The Sex Organs and And Urinary System . . . 176
Lesson 3: Drugs: How They Help And How They Hurt . . . 184
Lesson 4: Safety And First Aid . . . 190
Teacher's Reference. . . . 196

Appendices:

Worksheets . . . 199
Rights of Developmentally Disabled Persons . . . 220
United Nations Resolution. . . . 221
Policy Statements. . . . 222
Sample Letters . . . 226
Lending Library of Teaching Aids . . . 228
Alternative Resources for Teaching Aids. . . . 230
Additional Resources for Materials and Special Services in New York City. . . . 233
Bibliography . . . 236
Glossary of Terms. . . . 246
Subject Index. . . . 252

STAFF TRAINING

PART I: STAFF TRAINING

Objectives:

[1] To provide professional staff with information to work with mentally retarded adults in an ongoing and effective way so that these adults can succeed in community living.

[2] To prepare professional staff to work with the families of mentally retarded adults so that they can understand the changing physical, emotional, social, and sexual needs of their children who are now adults.

[3] To help staff understand the attitudes and concerns of the families of the mentally retarded adults.

[4] To help staff examine their own attitudes toward the mentally retarded adults.

Opening Remarks by Staff Trainers to Trainees (agency staff):

In recent years, we have seen changes in attitudes and philosophy toward the mentally retarded that have affected the type of care available to them, the demands being placed on them, and our expectations of them. We are now trying to move them into the mainstream of community life in accordance with their abilities and to direct our time, energy, and funds into supportive services so that community living will be a successful experience for them. At the same time, we are trying to educate parents, staff, and caretakers so that they will have a better understanding of mentally retarded people.

As caretakers from group homes, vocational and recreational counselors, social workers, nurses, foster home parents, and case managers, we work directly with the mentally retarded adult. We are therefore, the key people in helping the mentally retarded succeed in community living.

In order to live successfully in the community, we believe the mentally retarded need a better understanding of life's processes and of their social, emotional, physical, and sexual needs as adults, so that they can deal with these needs in a responsible and mature way. We also believe that people who live and work with them must understand these needs. This program has been designed to help staff, community, and mentally retarded adults toward this end.

Few of you come into this program without any information. We hope to build on this knowledge and experience by giving you more information and more skills.

We have prepared a training manual which will be given to each of you. The manual includes the curriculum you will be presenting to the mentally retarded adults with whom you work and the curriculum we're following in organizing the training program and leading it. We did this so it would be easy for you to review any point at any time.

PART I: STAFF TRAINING

1. ORGANIZE THE TRAINING GROUP.

A group of 5-10 staff members from different agencies is ideal because it will allow for a variety of experiences.

2. SELECT AND ARRANGE THE CLASSROOM.

A small comfortable room should be selected in advance. Use the same room all the time. Seat the group in a circle or around a table. Have paper, pencils, and all teaching equipment and material on hand. Begin promptly. Coffee and tea are usually appreciated. Plan on one of two breaks each session.

3. GREET THE GROUP AND MAKE INTRODUCTIONS.

It is important to know the people in the group--their level of skill and training, their degree of comfort in a group situation, and the goals and attitudes of the agencies they represent. Introductions are a way to get this information. Introductions also serve as a chance for individuals to feel comfortable within the group by talking about themselves and about what they know.

AVOID comments or questions that might make anyone feel inadequate or uncomfortable. Be aware of the vulnerable or reticent participant.

4. DISTRIBUTE PRETEST AND DISCUSS PROGRAM EVALUATION.

Distribute pretests if they are to be used.

5. DEVELOP AN UNDERSTANDING OF THE NEED FOR THIS PROGRAM.

Explain that need for this program exists at three levels; the mentally retarded adult, the agency, and the community and the family.

The needs of the mentally retarded adult are often seen in the:

Questions they ask;
Feelings they express directly or indirectly;
Amount of information they lack;
Types of fears they show;
Unwanted sexual encounters and pregnancies that occur;
Fantasies they have about dating, marriage, parenthood;
Conflicts they have in relating to parents and parent surrogates;
Adolescent behavior (rebellion, social awkardness, negative feelings about themselves) they exhibit;
Reluctance they show in making decisions for themselves;
Confusion they feel about their disability.

The needs of the agency are often determined by the necessity to:

Respond to mandates from governmental agencies;
Respond to parent or community pressure;
Acquire a better understanding of the needs of this

population (their abilities and disabilities);
Prepare mentally retarded adults to protect themselves now that they are freer to move about the community unsupervised;
Repeat this information periodically to help the mentally retarded adult retain it;
Set policy for behavior in mixed living and work situations;
Deal with specific problems, usually sexual;
Respect recent interpretations of the legal rights of the mentally retarded;
Respond to crises involving the mentally retarded.

The needs of families and communities revolve around:

Fears that the mentally retarded might harm others;
Fears that the mentally retarded will be taken advantage of because they lack judgment, assertiveness, self-control, and are limited in their ability to make decisions;
Beliefs that the mentally retarded have no feelings, desires, morality, or ambitions;
Fears that communities will be overrun with strange-looking, dangerous, ill-mannered, dependent, and irresponsible people;
Concerns regarding care after death or incapacity of parents.

6. UNDERSTAND AND DEAL WITH THE PROBLEMS THAT ARISE IN THE TRAINING GROUP.

When discussions wander or become repetitive, or when the group remains passive, proceed cautiously. There may be a problem. In fact, problems are inevitable. They may occur because staff was not carefully selected. Educational backgrounds may be inadequate. Experience may be limited. Personality problems may exist among the members.

Problems may also occur because of frustrations. Everyone's knowledge is limited. Professionals do not know everything nor can they resolve everything.

Problems may occur because staff are not sure how they feel about the mentally retarded's sexual rights, their right to self-determination, etc.

They may occur because most agencies do not have written policies on sensitive and controversial issues and staff and agencies may hold opposite views.

They may occur because people are uneasy when asked direct questions.

7. EXPLAIN THE FORMAT FOR TRAINING

There will be fifteen training sessions and each will be 1½-2 hours long. After the fifth session each trainee will begin to work with a group of mentally retarded adults.

Staff is encouraged to organize parent groups as well so parents can understand and support the growth and development of the mentally retarded as adults.

Every trainee must run a group. There are no auditors.

There will be periodic conferences with agency administration to discuss the curriculum.

Equipment and material used in training will be available to all to use in their group sessions. These include slides, 16mm film, film strips, manual projectors, mannequins, etc. Picking them up and returning them is the borrower's responsibility.

8. REVIEW SOME BASIC POINTS.

Most mentally retarded people want to learn about themselves and the world around them. They want to be seen as mature, capable, and responsible. The mentally retarded want to be people first. They have similiar social, physical, emotional, and sexual needs and feelings as non-retarded people.

The film "People First", is particularly effective in illustrating these points and is recommended to be shown during the first training session.

This program is an educational program, not a sex therapy program. While its aim is group instruction, it can be used for individual instruction as well. It can also be used to instruct a younger population and people with other types of learning disabilities.

Mentally retarded adults are particularly likely to be shielded from factual information about sex. Nevertheless, adulthood involves dealing with sexual issues.

To withhold information about sex and other issues increases the risk of the mentally retarded failing to adjust to community living.

When people understand what is happening, they are usually less anxious and fearful and better able to function responsibly.

The people who live and work with the mentally retarded are in a strategic position to help them learn about themselves.

Most parents and the community need help in seeing the value of this type of educational program.

9. DESENSITIZE STAFF.

Desensitization is the process by which staff is helped to become less self-conscious and less anxious in handling the sensitive material in the curriculum. The sensitive material includes not only body parts, sex, and love, but also discussions of social behavior, family relationships, feelings about self worth, etc. Desensitization takes place over a period of time as staff members discuss and handle the material and express their own feelings and attitudes.

In the past. sex education instructed the student on reproduction, sexual intercourse, menstruation, and contraception. Today's sex education curriculum is more extensive because it includes instruction on the feelings and attitudes people have about themselves and others, and the ways people relate to each other. In this expanded concept, the student is taught about being a person - a male person or a female person.

In this curriculum, the mentally retarded adult is being taught about himself or herself as an adult and about the responsibilities that come with being an adult.

Sex therapy refers to the treatment of sexual dysfunction. This is not covered in this curriculum.

10. PRESENT AN OVERVIEW OF THE CURRICULUM.

PART I: STAFF TRAINING

The guide is divided into three parts. The first part is concerned with staff training methods and techniques for organizing groups and teaching material. Part II gives the curriculum to be taught. Part III provides resource information, bibliographies, worksheets, questionaires, a glossary of terms, etc.

The curriculum is divided into seven units:
- Understanding Your Body
- Experiencing Your Life Cycle
- Sharing Your Feelings
- Accepting Your Handicap
- Expressing Your Sexuality
- Relating Person-to-Person
- Keeping Yourself Fit.

Each unit in turn is divided into lessons.

The curriculum is comprehensive and easy to use. It provides, in clear and straightforward language, all the factual information needed to teach the different lessons. Since no one can learn all that is in it, staff members need to select what is relevant to their needs. However, they should be familiar with the whole curriculum so they can be prepared either to answer questions or to know where to go for answers. Activities to reinforce learning are also included.

11. SENSITIZE STAFF

More often than not, there will be a significant age difference between the parents of mentally retarded adults and the staff with whom they share the responsibility of care. For this reason attitudes will probably differ. Understanding and responding to parental attitudes and dilemmas is important.

Who are these parents?

They are people who may be ambivalent about sex because of their own rearing and experience. (Some of them may no longer be active sexually).

They are people who may have limited information about the human body, feelings, human development, sex.

They are people who have less energy and are finding it increasingly difficult to cope with financial problems and the chronic dependence of their child, who is a mentally retarded adult. They themselves are aging. With age comes illness, loss of income, loneliness, isolation, depression, senility, death.

They are people who read newspapers, watch TV and listen to the radio and are all too familiar with crime and prejudice.

They are people who may feel anxious and guilty about their parenting skills and the role they played (real or imagined) in their child's disability.

They are people who have experienced community prejudice, anger, and indifference.

They are people who, as parents, want to shield and protect their offspring.

What are these parents' concerns?

Is the disability contagious?
Can it be inherited?
Can the mentally retarded marry? Raise children?
Is it legally/morally right to have them sterilized?
Will they be used? Abused?
Can they harm others? Will others harm them?
When will society accept them? Treat them kindly?
Who will care for them when they die?
Who will speak for them? Advocate for them?
Who will love them around the clock?

12. REVIEW OF RESEARCH.

Research on prevalence

Over the past 25 years many professionals in the United States and Europe have studied the mentally retarded to better understand their needs and capabilities. Here are some of their findings from a variety of research reports.

1) It was estimated that 3% of the people in the U.S. are mentally retarded.
2) Only 10% of the mentally retarded have parents who are retarded.
3) In 1967, 95% of the mentally retarded in the United States were living in the community.
4) In 1967, it was estimated that 30-40% of those who were mentally retarded were retarded because of premature birth, infection, birth injury, or accident. About 10% were believed to be retarded because of chromosome abnormalities. Retardation was related to hereditary factors in only 2% of the cases.

Research on self-concept

Other reports showed that:

Most mentally retarded adults of varying levels of retardation aspire to fulfill adult roles in life: to become a wife, husband, parent, employee, employer, etc.

Most mentally retarded adults internalize social and religious values. However, families and society tend not to acknowledge this fact even though they have taught them these values from birth.

For the mentally retarded person living in the community, working, dating, and marrying seem to contribute to greater motivation and social competence, more appropriate behavior, and overall maturation.

Research on marriage and sex

The legal right of a mentally retarded person to marry varies from state to state.

More than half of the marriages among the mentally retarded are stable and happy.

Those who marry do so for love and companionship. Marriage gives them considerable satisfaction.

Married couples usually want children. However, parenting presents problems for the child, the mentally retarded parent, and the community.

The mentally retarded are capable of family planning. This allows them the right not to have children.

The ratio of illegitimate births among mentally retarded females is not higher than that of their non-retarded peers. However, mentally retarded women who have one out-of-wedlock child are more likely to have another.

Marriages among the mentally retarded fail for the same reasons that marriages among the general population fail: unstable personalities, financial pressures, interference from families, alcoholism, promiscuity, etc.

Though married mentally retarded couples tend to be isolated from neighbors and have few friends, they are more capable in social living and rely less on outside help than expected. Support services are important.

The personalities and abilities of the spouses usually compliment each other. For example, one of the marriage partners is usually somewhat higher functioning intellectually and socially or is capable of doing things the other cannot.

Married couples seem more comfortable with their disabilities than those who are single and they seem to be more realistic in the expectations of themselves.

There has been an increase in the number of mentally retarded adults marrying.

The sexual drives of the mentally retarded are no greater than those of their non-retarded peers.

There are villages in England, France, and Germany where the mentally retarded live, work, and marry without restraint.

There are some mentally retarded adults who support families.

Some parents of mentally retarded adults believe the mentally retarded can marry but that the marriage will not succeed if there are children.

Research on child-rearing

Couples who are mentally retarded have few children, contrary to the belief that they are "baby factories". There is no correlation between intelligence and family size in marriages of the mentally retarded.

Though children of normal intelligence are born to parents who are mentally retarded, there is a substantial risk that the offspring will be mentally retarded.

Children of the mentally retarded need more support from social agencies. Mentally retarded parents usually need help in providing their children with more stimulation.

Children of the mentally retarded show some signs of depression and a mild degree of maladjustment.

Fathers who are mentally retarded seem to relate to their children more like mother figures than father figures.

Research on sterilization and abortion

Most parents of mentally retarded adults believe their mentally retarded adult children can understand the concept of sterilization, family planning, etc.

Denmark considers a eugenic abortion to be of benefit to the child, not the mother.

In Denmark, extensive programs on genetic counseling and sterilization have reduced the incidence of mental retardation by 50%. Approximately 1/3 of the population who are mentally retarded have given their informed and voluntary consent to being sterilized.

Research on anti-social behavior

In 1968, researchers reported that the mentally retarded do not have a higher crime rate than the normal population and that they are no more aggressive (rapists, murderers, muggers) than the normal population.

13. DISCUSS AGENCY POLICY.

Few agencies serving the mentally retarded have policies regarding the sexuality and sexual rights of the mentally retarded. These policies should not be implied or verbal but written so direct care staff can work more effectively on a day to day basis. These policies should reflect realistic understanding of the mentally retarded and the situations in which they live and work.

Staff meetings should be used to resolve concerns and problems relating to policy.

Ambivalence, legal or religious issues, and community concerns all make formulating a policy difficult.

To help agencies move in this direction, we included in the appendices samples of policies being used by some agencies.

14. DISCUSS LEGAL PROBLEMS.

Laws determine what can and cannot be done for our clients. It might help to discuss some of these in order to understand our times better.

Legal issues relating to the mentally retarded cover such questions as: definitions of mental retardation; right to marry/parent; abortion and sterilization; informed consent; voluntary and involuntary institutionalization; competency; liability; guardianship, etc.

Function of laws

Laws define rights, obligations, and responsibilities between individuals and between individuals and society. There are and have been times when the rights, obligations, and responsibilities of one group have conflicted with those of another.

Laws and mental retardation

Historically, society has felt a need to protect itself from the mentally retarded. Society felt the mentally retarded threatened its safety, burdened its economy, taxed its social institutions, and weakened it eugenically. As a result, society passed laws to restrict the mentally retarded.

It is felt that these laws were originally based on fears rather than facts and that they subjected this group of people to unnecessary abuse and deprivation. Today, some people feel these laws were and are used to further private ends. Current research has not supported the original assumptions behind these laws.

Federal laws

Laws relating to the rights of the developmentally disabled are found in federal and state statutes. The major federal ones are: Civil Rights Act of 1964; Education of All Handicapped Children Act of 1975; Rehabilitation Act of 1973.

Title VI of the Federal Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in all programs or activities that receive federal financial aid.

Revised guidelines adopted in 1973 by 25 federal agencies prohibit discriminatory employment practices in all programs if such practices cause discrimination in services provided to program beneficiaries.

Rehabilitation Act of 1973 [P.L. 92-112] focuses on the total rehabilitation of all handicapped individuals including the severely handicapped. It stated "No otherwise qualified handicapped individual in the United States......shall, solely by reason of his/her handicap, be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

State laws

State laws vary in how they deal with mental retardation. Usually, they are concerned with a mentally retarded person's right to marry, be sexually active, have children, be sterilized and/or have an abortion. More recently, they have come to include the right to habitation, guardianship, treatment, compensation for labor, etc.

States are beginning to change their laws to reflect a more humane understanding of the mentally retarded. These new laws reflect the belief that the disability is not an adequate reason to deprive the mentally retarded of their legal rights as set forth in our constitution. More and more it is felt that the special needs of a particular group should not be used as a rationale to segregate it from the mainstream of life.

In some states, the absence of laws creates confusion and as a result individual rights may be abused.

Few states recognize the rights of mentally retarded persons to participate in making decisions about themselves (where to live, whether to accept or refuse medical care, etc.).

The attorney general in each state can clarify state law.

Examples of laws that are now being challenged in some states:

1) Anyone leaving a state institution must be sterilized.
2) The mentally retarded cannot be issued a marriage license.
3) Only competent and consenting adults can marry and have sexual intercourse.

These are some questions being raised in response to these laws.

What is abnormal? Is it an absolute or a relative term? What determines a person's competence? Who should determine it? How? Who should be sterilized without his/her consent? Why? Who decides?

There are other legal issues:

If a community blocks the establishment of a group home, are they interfering with the rights of the mentally retarded? Are the mentally retarded interfering with the community's rights?

If the court assigns a guardian, can the mentally retarded person contest it?

Are the mentally retarded competent to stand trial? Who determines this and how?

To what extent can the mentally retarded determine where they live? How they live?

New York State laws

In New York State, Federal laws, the New York State Mental Hygiene Law, the Flynn Act, and various court decisions provide the foundation for the rights of the developmentally disabled in the state.

Based on these, state agencies serving the mentally retarded develop policies and procedures for programs and facilities receiving state funds. The Clients Rights Unit (New York City County Services Group of the New York State Office of Mental Retardation and Developmental Disabilities, 2 World Trade Center, New York, New York 10047, Telephone # 488-7638) provides assistance to those seeking clarification of state laws.

New York State Mental Hygiene Law, Article 33 covers:
Protection of patient's civil rights;
Quality of care and treatment;
Restraint of patients;
Communications and visits;
Care and custody of personal property of patients;
Employment of patients;
Education for mentally disabled children;
Clinical records and confidentiality;
Habeas corpus;
Transportation of female patients.

The Flynn Act of 1974:

The Flynn Act amended the Human Rights Law granting New York State's disabled citizens protection against discrimination in employment training programs, housing, public accomodations, non-sectarian tax-exempt education and in the purchase of land or commercial space.

For employment purposes, the amendment defines disability as an impairment that is not job related. In the areas of housing, public accommodations, and education, it is defined as a physical, mental, or medical impairment.

15. UNDERSTANDING CONTRACEPTION, STERILIZATION AND ABORTION.

Sterilization and abortion are legal issues because they can be used to deprive mentally retarded people of their rights. (See glossary for definitions of these two surgical procedures.)

Abortion and sterilization are voluntary when either is done at the request of the individual or with his or her informed consent. When they are dictated by law without exceptions, they become mandatory and are not selective.

There are no New York State laws governing sterilization for mentally retarded individuals living with their natural parents.

Any mentally retarded man or woman living in a private home or group residence operating under New York State Office of Mental Retardation and Developmental Disabilities certification who requests sterilization must first have a hearing by an OMRDD review board chaired by the Director of the Client's Rights Unit. If the review board finds that the mentally retarded person is competent and able to give his or her informed consent for sterilization, that man or woman can obtain sterilization like any other citizen. If the mentally retarded person is found to be incompetent, however, a court order must be obtained for the procedure.

Procedure regarding sterilization requests by residents in New York State Developmental Centers is not clear at this time.

Informed consent is a process by which mentally retarded people are given reasons for and against a procedure in terms of what it will mean to them personally rather than in terms of what it will mean to their parents or their community. On the basis of this information the mentally retarded person decides whether or not to give their consent.

In Sweden, it was found that those mentally retarded adults who were capable of living in the community were also capable of sterilization and were therefore able to give their informed consent.

Today, it is believed that more parents of mentally retarded adults approve the sterilization of their offspring than disapprove regardless of religious denomination.

In the United States, 91.5% of the physicians participating in one study supported sterilization of the mentally retarded but were reluctant to perform the procedure because of the lack of legal clarity.

In the United States between 1945-55, approximately 100,000 individuals per year were sterilized for contraceptive rather than medical reasons.

Each year more mentally retarded adults seek sterilization.

Many, but not all severely and profoundly mentally retarded are sterile.

Sterilization does lessen the anxiety of parents, caretakers, and the community.

Many feel that for the mentally retarded, sterilization is the most reliable way to prevent pregnancy and abortion is the means to terminate an unwanted pregnancy. These people offer many medical, social, economic, psychological, and eugenic reasons in support of this view maintaining that these procedures:

1) protect the mentally retarded female from the consequences of rape;
2) control population growth;
3) help to control the incidence of mental retardation;
4) help to reduce some of the financial and social pressures mental retardation imposes on society;
5) protect the unborn.

Abortion in cases of rape or when the mother's life is threatened is almost universally accepted.

In 1972, five states had laws on voluntary sterilization, twenty-five had none, and twenty allowed involuntary sterilization.

Legal dilemmas involving sterilization and abortion include:

Who can or cannot be sterilized? Who should or should not be sterilized? Who makes this decision? How?
If requested, can it or should it be denied? By law? By a doctor?
Can a state deny the mentally retarded these civil rights: to marry, to be sexually active, to have an abortion, to be sterilized, to obtain sterilization devices?
To what extent should laws be influenced by religious groups?
If refused by an individual, can sterilization or abortion be imposed?
When married couples are involved, should both partners be required to give their consent?

Does a fetus have rights?

16. UNITED NATIONS RESOLUTION.

In a 1971 resolution, the United Nations spelled out those rights that are particularly important to the mentally retarded, precipitating many changes in how the mentally retarded are perceived and treated around the world. This declaration on the Rights of Mentally Retarded Persons set forth seven points that are found in the appendix.

17. CURRENT TRENDS.

Changing policies concerning the mentally retarded are beginning to reflect the points set forth in the United Nations resolution. For example, the condition of mental retardation is no longer considered an adequate reason to deprive someone of legal rights. These rights are based on human dignity, including the dignity of risk. Risk taking, to try and fail and to try and succeed, is a part of normal life and is essential to individual growth and development. Awareness of this principle is moving to curb the tendency to overprotect the mentally retarded, and to put reasonable risk back into their lives (at home, at work, in recreation, in relationships with the opposite sex, etc.)

A definition of mental retardation should not only consider the extent of intellectual deficit but the extent to which the mentally retarded person has been able to adjust. Personal and social adjustment may or may not parellel the retardation.

Today, a person who is mentally retarded is considered responsible for his actions, but because of his handicapping condition there are certain extenuating circumstances that must be taken into account in legal proceedings.

Ombudsmen should be used to advocate for and protect the legal rights of the mentally retarded. They are in a position to challenge official proceedings or procedures that threaten the legal rights of the mentally retarded.

Contraceptive information should be available to all of childbearing age regardless of age or mental status.

The consent of parents, guardians, and/or officials should not be sufficient to authorize sterilization.

When sterilization is a question, there should be a clearly defined legal mechanism that includes a hearing and an attorney representing the mentally retarded person.

The concept of treatment for the mentally retarded should include a humane psychological and physical environment, administered by a qualified staff of adequate size with individual treatment plans and all necessary services (medical, educational, recreational, etc.).

18. RELIGIOUS ISSUES

Since religious literature contains few direct references to mental retardation, most religious groups have tended to equate deviant behavior (such as mental retardation) with mental illness. Today, as society develops its understanding of mental retardation, religious groups are beginning to interpret religious laws with the mentally retarded in mind. The following are some religious issues with which we should be familiar since they often influence the behavior and attitudes of family, community, agency, and the mentally retarded person.

Jewish law

In Judaism, the religious responsibilities of the mentally retarded are determined by the Rabbi, and each case is reviewed individually. Many Rabbis believe that a person functioning below the mental age of 6-7 years lacks adequate judgment and therefore is unable to meet most religious responsibilities. Nevertheless, they believe parents and society are morally responsible to provide religious education and training commensurate with individual abilities.

Orthodox Jewish law identifies procreation, companionship and sexual intercourse as basic human needs to be fulfilled in marriage. For Jewish men, marriage is a religious responsibility and Jewish men are also obligated to have children.

Medical and emotional problems may justify the woman's use of the pill but contraception for men is prohibited. Abstinence is discouraged. In Jewish law, hereditary (Tay Sachs, mental retardation) and financial concerns do not justify the use of contraception.

Abortions are permitted when the mother's mental or physical well being is at stake. Sterilization for contraceptive reasons is not permitted.

Masturbation is prohibited for men.. It is considered an improper emission of man's seed. Homosexual behavior is immoral and forbidden.

Religious divorces are considered on an individual basis.

Some Jewish leaders, especially among the Reform Jews, are more liberal in their thinking in all of the above areas.

Roman Catholic view

Parish priests also deal with mental retardation on an individual basis. Here is an overview of Catholic thinking.

Mentally retarded adults have the right to marry. To be married in the Church, they need to understand such concepts as responsibility, free choice, and permanence Before marrying a mentally retarded person, the Church considers the quality and availability of his or her support systems (family, community, etc.)

Marriage gives the mentally retarded adult the right to have children. To have or not to have children is their choice. A marriage can be annulled if one spouse denies the other the right to have children.

Having sexual intercourse is considered the most intimate expression of love and is permitted only in marriage. To have sexual intercourse outside of marriage would compromise the expression of love and the marriage commitment.

The Church recognizes that couples should plan when to have children and how many children to have. The birth control methods they support are natural ones such as the rhythm method.

Those who use contraceptives are not following Church teaching. Whether they are committing a sin is an individual matter that depends on their knowledge and understanding of the law and their motivation and ability to follow it.

Sterilization and abortion per se are not permitted. But either is permitted if done as part of a medical procedure necessary for a "greater good," such as saving the life of the individual. For example, a hysterectomy performed on a woman with cancer may cause sterilization but might save her live. Saving her life is the greater good.

The Church can, under certain circumstances dissolve a marriage by annulling it, which in the eyes of the Church means that the marriage was never valid. The Church does not grant divorces. Civil divorces are recognized as a means of protecting the civil rights of individuals. Unless a Catholic receives a Church annulment, they may not remarry in the Church even if they have a civil divorce. The religious status of those children born in marriages that are later annulled is not affected by the annulment.

While homosexuality and masturbation are considered deviations from the Church's teaching (of the "natural law"), again the question as to whether or not sin is involved depends upon the individual's ability to know, understand, and cooperate with Church teaching on the subject (a matter only God can determine).

Catholic parents are obligated to raise their children in their faith to the best of their ability. When their child reaches the age of reason, he must accept some of the responsibility for his own actions according to his own level of understanding of the teachings of his Church. The parents' responsibility is to set an example, to provide religious education, and to uphold ideals for the child.

Protestant view

Here, too, issues concerning the mentally retarded are handled on an individual basis.

In the Protestant Church, marriage is an institution through which people attain fulfillment (love, companionship) and procreate. While it is not to be denied the mentally retarded, it creates special problems which need to be understood and worked through.

The Church believes that having children is a blessing, not a duty. If it is prudent for a couple not to have children, this alternative should be made available to them. If it is advisable for a mentally retarded couple not to have children, then they should be advised accordingly.

Therefore, contraceptives can be used if preventing pregnancy is beneficial to all concerned. An abortion is permitted if terminating a pregnancy is of benefit to all. Sterilization likewise can be considered if it is beneficial to all concerned.

Some Church leaders recognize that people have sexual needs and that masturbation is sometimes used as a means of expressing this need. People must understand those who need to express their needs this way.

19. MYTHS AND MISCONCEPTIONS.

Many of the issues discussed so far are sensitive ones, and invariably people will make statements or ask questions about them based on myths and misconceptions. These need to be corrected. We have listed some of the more common ones to help you anticipate and deal with them.

1) The mentally retarded cannot learn. False. Experience has taught us that they can learn, make decisions, understand moral and religious ethics, and

show judgment.

2) The mentally retarded do not develop physically, mentally, and socially. False. Except for a few who are profoundly impaired, there is continuous development in all areas, although development may occur slowly, be uneven and limited.

3) The mentally retarded are impotent, sexually perverted, over-sexed, asexual, and/or sexually innocent. False. The sexual needs of the mentally retarded are like those of non-retarded people. They are stimulated by the media and personal encounters as are the non-retarded population.

4) Masturbation causes mental retardation, blindness, insanity, acne, and/or impotence. False. Fear is often used to shape social behavior.

5) If you don't talk about sex, there won't be any problems. False. Withholding information on sexual matters tends to cause anxiety and confusion and may lead to unwanted sexual encounters, pregnancies, exploitation, etc.

6) The availability of contraceptive information encourages promiscuity. False. Studies have shown this not to be true. Accurate information contributes to responsible behavior.

7) There is more V.D. and promiscuity among the mentally retarded than among the general population. False. The incidence of V.D. and promiscuity is the same for the non-retarded population as it is for the mentally retarded.

8) Having children is a must for fulfillment in life. False. Not everyone wants or enjoys children, no can everyone parent adequately.

9) Sterilization is illegal. False. State laws vary. Some states permit sterilization while others prohibit it. Still others may have no laws at all on the subject.

10) There are serious emotional and physical side effects to sterilization. False. The procedures are relatively quick and simple. Medical and psychological counseling before the procedure is recommended to promote understanding.

11) Sterilization is castration. False. Sterilization renders one infertile. Sex organs are not removed.

12) The mentally retarded are more likely to commit crimes. False. There is no correlation between mental retardation and criminal behavior.

13) Mental retardation is contagious. False. Handicaps are not germs.

14) I had a retarded child because someone cursed me. False. A wish does not have that kind of power.

15) People can control their sexual feelings. False. Everyone experiences sexual feelings. People can control their behavior and their response to these feelings.

20. WORK WITH PARENTS.

Clarify agency policy

Each agency needs to determine how and to what extent families and caretakers will be involved in EDUCATION FOR ADULTHOOD. Will parents decide if the program will be presented? Will they assist in its presentation? Can they refuse to have their son or daughter participate? Will they screen the curriculum?

It is recommended that parents and parent surrogates be made aware that the agency is providing its clients with this education program. They should also understand that the program is being offered in response to needs that exist among the mentally retarded adults being served by the agency. Parent interest should be encouraged and their concerns respected and discussed. Ideally the program should be a joint effort between families and staff to help the mentally retarded adult.

For those agencies planning to involve parents and parent surrogates, here is a way to do it.

Develop understanding of need

Review the agency caseload and select those adults whose behavior suggests they would benefit from the program: for example, those who balk at taking medication or going for medical care, or who are active sexually or are struggling with male/female relationships, or who boast about knowing it all.

Arrange to talk with the parent or caretaker. Let the discussion focus first on the individual's problems and then generalize to how prevalent these same problems and others like them are within the agency. The next step is to introduce the idea of parent meetings or workshops to explore the issue.

Whenever possible, involve the parent(s) in organizing these meetings. A parent-staff committee is one way to get parents involved.
Note: Parents who resist should not be forgotten or excluded. Have an involved parent maintain contact with them if staff can't.

Meet with families/caretakers

Have the parent-staff committee organize a special parent meeting to discuss the program or ask for time at a regular parent meeting.

Ask parents to R.S.V.P., and offer to help organize the transportation arrangements. Consider telephone reminders the day before.

Meet at the agency in the evening, when more people are likely to be free. Allow two hours for each meeting.

Make sure that goals are clearly stated:
- To help parents understand the need for the program and to gain their support and cooperation;
- To provide parents with an opportunity to express their ideas, feelings and concerns.
- To help parents feel comfortable with the staff's interest, attitude, approach, skills, and professionalism;
- To summarize the curriculum in whole or in part;
- To help parents to acquire more information, feel more comfortable, and learn some skills in dealing with the issues the curriculum covers.

Have the chairperson open the meeting, state the purpose, explain the format, and make introductions.

Formal or informal seating arrangements can be used. Older parents might prefer the more formal arrangement of sitting in rows or around a table.

At the end of each meeting, summarize what has happened and indicate what will follow.

With the parent-staff committee, plan additional meetings if everything has not been covered or if the meeting has been unsettling.

Many parents will be satisfied with a one or two session orientation to the curriculum and its proposed use.

Some parents may accept an invitation to continue meeting to discuss their role in the development of their children as adults. These discussions could include topics covered in the curriculum (sexuality, health, aging, interpersonal relationships, etc.).

Other parents groups may want to discuss specific problems concerning their offspring and to draw upon each other as well as professional resources in planning how to resolve these problems.

Still other parents may be interested in meetings that would guide them in their own use of this curriculum with their children.

Regardless of the direction taken, these parents' groups are characterized by their specific focus on the feelings, needs, and behavior of the mentally retarded adult. Working together staff and parents enhance their ability to help the mentally retarded experience success and satisfaction in adulthood.

Reminders

Talk slowly and use simple language.

Be aware of reactions from both parents and staff. Is there anger? Is anyone bored?

Try to anticipate questions, since some parents might be too shy to speak up.

Be sure not to embarrass anyone.

Be non-judgmental. Always respect a parent's feelings and concern.

It is important to admit that you don't know something when you don't Offer to find out.

Help keep discussions focused and moving along. For example, during a lull in the conversation you might say, "Okay, now let's spend some time discussing.........."

Some parents have limited information on the subjects with which we are concerned. Help them.

If a parent is angry, acknowledge it, but don't debate it. Perhaps an office appointment could be offered to discuss the matter further. Don't draw battle lines.

Be prepared to:
Discuss legal/religious issues;
Redefine sexuality in the broad sense used here;
Have some parents reject the program;
Deal with sarcasm;
Deal with irrelevant issues;
Handle cliques, cliches, misconceptions.

Try to maintain high levels of involvement.

Be sure to acknowledge that there are often several ways of dealing with problems. Different people do things differently.

Understand that what is appropriate behavior in one family may not be in another.

Don't demean parents, their values, their upbringing, or gaps in their knowledge.

Don't allow parents to attack each other or each other's children.

Don't give the impression that:
Professionals know more than parents; the staff's way

is the only way; parents have no choice;
The program will solve everything;
Parents are to blame for the client's problems,

Don't go into any meeting unprepared.

Helpful phrases

The key phrases listed below can help you in many different ways. They can be used to encourage participation, move discussions along, intercede in conflict, express empathy, emphasize points, etc.

Yes, it is very difficult to be a parent of a handicapped adult.
Yes, that't one way to do it. How have other people handled this type of situation?
Few things are clear cut-right or wrong. It's often so hard to know what's right.
I can hear you are very upset about ______, Mrs. ________. Let's discuss this privately, after the meeting.
And what do you think, Mr. ___________?
Could you say that again?
What you said was important, Would you please repeat it?

21. WORK WITH THE MENTALLY RETARDED ADULT.

Before presenting the curriculum, it will be helpful to review what we know about mental retardation, the mentally retarded adult, and how to organize our groups for teaching.

It is important to remember that the mentally retarded are people whose attitudes have been shaped from birth by their disability, their families, and their community.

Mental retardation, according to the American Psychiatric Association, refers to subnormal general intellectual functioning that may be present at birth or that may originate during the developmental years. It is associated with impairment of either learning, social adjustment, and/or maturation (adaptive behavior).

The American Association on Mental Deficiency and the American Psychiatric Association classify the mentally retarded accorindg to I.Q.

	AAMD	APA
Borderline	70-84	68-85
Mild	55-69	52-67
Moderate	40-54	36-51
Severe	25-39	20-35
Profound	under 25	under 20

The person

Mentally retarded adults are people who:
Have gaps in their knowledge;
Require more time to learn and to do things;
Too often prefer to be observers rather than participants;
Usually lack confidence in many areas (social, educational, recreational, interpersonal);
Are accustomed to depend on others to direct them, make decisions for them, talk for them, etc.;
Find it more difficult to cope with the stresses of dealing with new situations or doing more than one thing at a time;

Want to achieve;
Often believe thay are stupid and can't learn and, as a result, stop trying to learn;
Are usually serioualy limited in their reading and math skills;
Will usually respond to any positive overtures;
Like routine for the sense of security it provides;
Can have a sense of humor;
Have learned to be loners;
Can learn right from wrong;
Want to be part of life (by working, shopping, going to parties, participating in religious life, becoming involved in relationships, etc.);
Have many of the same aspirations as their "normal" peers (success on the job and with friends, new clothes, dates, own apartments, acceptance, etc.)
Are embarrassed to admit that they don't know something asked of them;
Might become disruptive to hide their boredom, embarrassment or ignorance - just like other people;
Are concrete and have difficulty dealing with abstract concepts and ideas;
May be non-verbal (and/or non-readers).
Learn best when things are repeated frequently and with visual aids;
Often have problems distinguishing between reality and fantasy when more severely impaired;
Have a poor image of themselves;
Often seem like adolescents, wanting structure, control, and direction and yet resisting them because they also want to act like independent adults.

These adults have learning problems:
Their listening skills are poor;
Their attention span is short;
Their language skills are limited;
They have been told they can't learn;
They have language processing problems;
They have motor problems;
They have problems learning concepts and are easily distracted.

Study the curriculum

Studying the curriculum in advance will allow lessons and discussions to flow.

Be sure to:
Understand the sequence of the units, goals, lesson plans;
Select what is appropriate for your group;
Plan in advance the activities for each lesson;
Prepare to answer questions that came up in previous lessons;
Try to anticipate problems;
Practice teaching by talking out loud (getting used to the sound of your voice helps):
Remember that the level of your group will determine your language, the content, and the activities you select.

Select the group

Groups should be small, consisting of 5-7 mentally retarded adults functioning at similiar levels intellectually, verbally, socially. Any change in the composition of the group should be carefully considered.

Consider the students''sensitivities when deciding whether they should be part of mixed groups. Try to work with mixed groups except where the curriculum lends itself to grouping by sex.

Establish location and time

A small but comfortable room should be selected and used all the time. It should be free of distractions. (Caution: Snacks can be used as a social catalyst but may also be a distraction).

Meetings should be at the same time each week.

Sitting around a table is conducive to getting and maintaining attention and control. Sitting in a circle without a table is more conducive to intimacy.

Plan the number and length of the sessions

Be prepared to be flexible. Interest and attention span will vary from week to week.

Each lesson takes about 45 minutes to complete, but the length may be adjusted to the needs of the group.

Suggestions

Plan every lesson in advance.
Address the students as adults.
Work in small groups.
Use simple language and talk slowly.
Establish eye contact.
Be consistent in the terms you use.
Repeat, review, reinforce.
Smile and circulate among your students.
Use yourself as a model for behavior.
Allow everyone to participate successfully in each session.
Begin each session with a review of the previous one and end each session summarizing what was covered.
Maintain high levels of involvement by calling on the participants several times during each session (taking turns coming up to the mannequins, expressing ideas and opinions, answering questions, sharing experiences, etc; the non-verbal client should be given non-verbal tasks).
Use audio-visual material to facilitate learning.
Be concrete yet creative.
Encourage questions.
Acknowledge feelings.
Use the group as a resource by drawing on what they already know or have experienced.
Suggest, listen, observe, discuss.
Don't offend, shock, tease, judge, infantilize, attack, or allow others to attack.
Reward success.
Accept silence.
Don't project your attitudes.
Provide for choices and encourage decision making.

CURRICULUM

INTRODUCTION

The curriculum to be taught the mentally retarded adult appears on the following pages. It is a systematic presentation of the things we feel they should know. We have made our style and language simple to facilitate your work with your groups.

The curriculum has been divided into seven units. Each unit in turn is divided into lessons, and within each lesson are suggested resources and activities. For those in and around New York City, audio-visual material can be borrowed from the Center for Developmental Disabilities.

The appendices are a very important part of this manual. We suggest you familiarize yourself with them. They contain a list of the teaching aids and audio-visual material available at the Center for Developmental Disabilities in addition to alternative teaching aids; a teacher's reference prepared to help you with concepts and terminology; supplemental reading lists for you, parents, and students; worksheets that can be duplicated and distributed to facilitate teaching and reviewing concepts; and samples of agency policies, and letters.

Consider using workbooks where the students can collect their worksheets. Manila folders and clasps are inexpensive and readily available. For the students it will be concrete evidence of what they have done and will help them recall what was taught.

Presenting this curriculum in group sessions is only the beginning. Applying it to daily life is the ultimate goal. Therefore, always remember the teachable moment. It allows you to convert abstract ideas - the lessons - to the concrete. Mentally retarded people have problems with abstract ideas. They are very concrete.

Using pretests and posttests can be a helpful device. From a pretest you can determine what your group knows and then decide what is review and what is new information. The posttest will tell you what has been learned. Be sure these are short and quick. Give them orally and as a group.

Now's the time to begin!

INTRODUCTORY LESSON: OUR STUDY GROUP

GOALS: A. Develop group rapport.
B. Stimulate interest.

RESOURCE MATERIAL:

Workbooks and pencils
* Mannequins (+)

OBJECTIVES: The students will:

[1] Participate in the session.
[2] Help to develop a plan for working together.
[3] Develop an interest in the group.

Note to leader-teacher:

It is essential that you be a non-threatening, non-judgmental person to the group so that they will be open to expressing their feelings, fears, dreams, and frustrations. Remember to adapt your teaching to their needs, interests, and abilities.

Please note that the resource material starred (*) is available at the Center for Developmental Disabilities. Alternatives to these teaching resources are marked by an (+) and listed in the appendices.

Opening remarks to students:

"I'm glad to see everyone is here and curious. I have selected you to be part of a group that will be meeting every week for many weeks. I think it is going to be an interesting group because you will be learning things about yourself. I think you would like to know..........."

MAIN POINTS	ACTIVITIES
The leader-teacher will: 1. State purpose of group meetings: We will talk about our bodies and how they work. We will learn about our feelings and how we show them. We will discuss how adults behave. We will discuss being handicapped.	

INTRODUCTORY LESSON (cont)

MAIN POINTS	ACTIVITIES
We will discuss sex.	
2. Clarify your role. I am a leader-teacher. I will have a lot of information to give the group, and what I don't know I will find out. I will try to answer everyone's questions. I hope everyone will make these sessions a success by participating.	
3. Make introductions. Participation begins here. Help the shy speak. Direct students to talk to each other, not to you. It might help to offer information about yourself.	3. Go around the table and ask each person to introduce himself or herself. Suggest shaking hands. Help them give information about themselves -- name, age, where they live, with whom they live, where they work, the kind of work they do, how they spend their leisure time, what they want to learn in this group, etc. Help them do this by asking direct questions.
4. Establish rules. Rules help us work together as a group. These are some basic rules: Come on time; No teasing; Wait for your turn to speak; No hitting; No jumping in and out of your seat; What is said here is confidential.	4. Ask the group what rules they think should be adopted. Suggest the basic ones if they have no ideas. End the discussion by selecting the relvant ones. Repeat them to the group. Ask the group to agree to them. Repeat them again.

INTRODUCTORY LESSON (cont)

MAIN POINTS	ACTIVITIES
Confidential means you do not discuss what happens in the group with others outside of the group.	
5. Introduce the curriculum. Determine what the students are most interested in learning. Show how the units will address their interests. Indicate that some topics might be embarrassing and hard to talk about, such as body parts, sex, feelings, etc. Assure them you will help them when this happens. Suggest the possibility that male and female students will meet separately for some lessons.	5. You are still trying to encourage participation and to stimulate interest. Begin with a general question: What are some of the things you have always wanted to learn about? Talk about? You may have to ask more specific questions to stimulate discussions: Do you want to know why you have a handicap? Why you are different? Do you want to know how to tell your boss to get off your back? Have you ever wanted to discuss getting married? Do you know what to do if someone asks you to have sex?
6. Indicate how people learn. People never stop learning. They learn from parents, teachers, friends, T.V., watching people, trying something new, etc.	6. Ask these questions to help the students think: How did you learn to cross the street? How did you learn to read/write? How did you learn to do your job?
7. Introduce the mannequins and distribute workbooks. Explain that you will be using these in the group sessions. Let those who can, write their names on the workbooks. Assist those who can't.	7. Ask someone to assist you with the workbooks. Perhaps the shy or non-verbal member of the group.
8. Plan the structure for the next session.	8. Ask the group:.

INTRODUCTORY LESSON (cont)

MAIN POINTS	ACTIVITIES
The group should begin to learn to make decisions	How does the time, date, and place suit everyone?
If possible let the students discuss and decide on the meeting time, day, place.	Does anyone have another suggestion?
Everyone should express their opinions and give their reasons.	Suggest a specific time and place, and then vote by a show of hands.
Explain that the decision will be made by voting. "When adult groups need to make a decision they vote. What most people want we will do. The majority wins. We are adults so this is how we will do it."	Continue asking questions and voting to arrive at the group's decision: Do you think we should take the workbooks home? Leave them here? What should be our first topic? Should we give the mannequins names?
After voting, indicate that this means the group will meet on _______, at________, in ____________.	
Decide by voting what unit you will use to begin.	
If you want them to prepare for the session, tell them how.	
Decide by voting if the workbooks are to be left with you or taken home.	
Decide by voting what names are to be given to the mannequins.	

Closing comments:

Tell the group you were pleased they came and did so well.

Indicate what they did well, stressing the rules they respected and their other adult behaviors.

Remind them of the next session and shake hands with each as they leave, noting this as a common social behavior among adults (This is a "teachable moment"). Suggest their shaking hands with each other.

UNIT I: UNDERSTANDING YOUR BODY

GOALS:
- A. Help students to develop a basic understanding of their bodies and a feeling of ease in talking about their bodies.
- B. Help students to think of their bodies as a whole--special, important, and good.
- C. Help students begin to understand individual differences--physical, mental, emotional, sexual, etc.
- D. Help students to begin to accept responsibility for maintaining a healthy body.

Introductory remarks to leader-teacher:

If the group has voted to begin with another unit, respect their decision. If the decision is yours, we advise that you begin with Unit I, Lesson 1, even though the material is easy and almost everyone in the group will know it. By beginning with material the group is familiar with, group members are more likely to feel confident and therefore more likely to participate. You, yourself will also be better able to concentrate on establishing a format for the following sessions-- taking turns using the mannequins and workbooks, using proper names for body parts (and not using street language), taking pretests and posttests, etc. In addition, you will be helping the group work through some of the embarrassment inherent in discussing body parts and feelings, and you will be able to help them begin to focus on themselves as adults. "Adults behave differently than children and are responsible for their behavior."

Move faster with what they know and slower with what they don't know.

Reward frequently. "You did it! You knew it! That was good! "

UNIT I: UNDERSTANDING YOUR BODY

LESSON 1: EXTERNAL BODY PARTS

OBJECTIVES: The students will be able to:

[1] Identify at least five external body parts, their function and general care.
[2] Identify what is appropriate to wear under various circumstances and when it is appropriate to dress and undress.
[3] Identify uniquely male and female body parts.
[4] Identify themselves as an adult male or female (man or woman).

RESOURCE MATERIAL:

* Mannequins (+)
* Jim and Mary dolls (+)
* Slide projector
* Slides: "Sexuality and the Mentally Handicapped," Parts I, II, III
*3D models of male & female sex organs(+)
Personal care products: deodorant, soap, etc.
Undergarments: bra, athletic support & cup, etc.
Magazine pictures of public & private places
Worksheets #1, #2, #3
Unit I Teacher's reference

Notes to leader-teacher:

Greet your students as they come into the room. Begin to model appropriate forms of social interaction. Shake hands and inquire about their week. Don't stop at a mechanical, conditioned response such as "okay." Bring others into this conversation as they come in and begin to direct the conversation away from you so that they are talking to each other. For example, "Wouldn't you like to hear what Beth did this week? Ask her to tell you."

Remember that what is starred (*) under Resource Material is available at the Center for Developmental Disabilities. Alternatives to these resources are marked by a (+) and are listed in the appendices.

Begin on time.

Opening remarks to students:

"Today we will begin by reviewing things we know. We are going to talk about the parts of our body that we can see. Some parts we can see when we are dressed. Other parts are under our clothes. I need two people to help me. Any volunteers? Good. Your job will be to help me with the mannequins."

UNIT I: LESSON 1 (cont)

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. Our bodies have many parts and each part has a special job. We can see these parts: Head: hair, eyes, eyebrows, eyelashes, ears, nose, mouth, teeth, gums, tongue, neck, larynx (Adam's apple), etc. Torso: chest, breast, back, waist, abdomen, buttocks, genitals, etc. Limbs: shoulder, arm, axilla, elbow, wrist, hands, fingers, finger-nails, hip, leg, thigh, knee, calf, ankle, toes, toenails, etc.	1. Have the students take turns naming the external body parts on themselves as the volunteers point to these parts on the mannequins or slides. Proceed from head to toe. For each part named have them describe its function and care. As the students undress the mannequins, they should identify the clothing as well as the body parts they uncover.
2. There are slang terms (street words) and proper terms (polite words) for parts of our body. It is improper and impolite to use street words in public--at home, at work, on a bus, in a store. People sometimes use street words in private--alone with friends who may not mind. When adults use street words in public they are impolite and inconsiderate of others. When you are in public you are among people--at home, at work, in a store, riding on a bus. When you are in private you are at home--alone in your bedroom or bathroom.	2. As students call out names for body parts, identify which are slang and which are proper terms. Call out these words one at a time and ask the group to tell you if they are slang or polite words: pee, breast, ass, pussy, urine B.M., fanny, testicles, vagina, dick tits, belly, shit, hole, penis Call these words out again and ask which should be used in public and which in private.
3. Most body parts are the same for men and for women. But some body parts are found only in men and others found only in women. Parts that are the same: nose, hair, neck, nipples, face, arms, navel, pubic hair, etc.	3. Use the undressed mannequins or slides. Ask the group to compare the two bodies, first identifying what is the same and then what is different. When slang is used ask the group to give the polite term.

UNIT I: LESSON 1 (cont)

MAIN POINTS	ACTIVITIES
Parts that are different: Men: hair on face and chest, large muscles, penis, testicles. Women: breasts, vagina, clitoris.	Ask each student to identify his or her sex. Distribute and complete worksheet #1.
4. Men and women have different genitals.	4. Discuss how embarrassing it is to see a nude figure and to discuss body parts.
Genitals are sex organs. Sex organs are private parts of our bodies.	Use the undressed mannequin or slides and ask a student to point to and to name the male/female sex organs (genitals).
Sex organs are used for reproduction and sexual pleasure.	Ask another student to describe their function.
There are slung terms and polite terms for our sex organs and their function.	Still another student should describe how to keep them clean.
Adults are expected to use polite terms when talking about sex organs and their function.	Slides 1-10 and 1-11 show a circumcised penis.
Polite terms are: penis, testicles, vagina, breasts. Some men have a circumcised penis. Circumcision may be a religious rite (Muslim/Jewish). Circumcisions are also done for health reasons. It makes it easier for a man to keep his penis clean. Acknowledge again that it is embarrassing to see nude figures and to discuss body parts.	
5. Men and women have different openings to eliminate urine. Both men and women have an anus to eliminate bowel movements. Urine is liquid waste.	5. Ask these questions to help the group differentiate sex organs from organs for bowel movements and urination. How does urine come out of a man's body?

UNIT I: LESSON 1 (cont)

MAIN POINTS	ACTIVITIES
Bowel movements (feces) are solid wastes. Men eliminate urine through the penis. The penis is also a sex organ. Sperm and urine cannot come out of the penis at the same time. Women eliminate urine through a special opening above their vagina. The vagina does not eliminate urine. The vagina is a woman's sex organ. The vagina carries menstrual blood out of the body. The vagina is also the birth canal.	If the penis is a sex organ, how can it eliminate urine. Why does a woman have three openings between her legs? Can't a woman urinate through her penis? Distribute and discuss worksheet #3. Show the 3-D models of male and female sex organs. Some students may be uncomfortable with these materials. Use them cautiously.
6. People undress only in certain places. Some parts of our body are private and personal and not for others to see or touch. We undress in private. We do not undress in public. When you are in private you are alone at home in your bedroom or bathroom. When you are in public you are among people--at work, in your livingroom, at the movies, etc. Adults can be arrested if they undress in public. It is against the law to undress in public.	6. Ask these questions to stimulate discussion: What would you think if a naked woman came over to talk to you? Explain yourself. Where do you think she could walk around without clothes? Explain your reasons. What places are public places/private places? Check their understanding with this exercise: Tell me if it is allright to undress in a: bathroom at home car shoe store doctor's office bus livingroom locker room dentist's office workshop bathroom hospital waiting room bedroom movie house Use magazine pictures to supplement this discussion.

UNIT I: LESSON 1 (cont)

MAIN POINTS

Sometimes people need to undress when they are not at home in their own bedrooms or bathrooms--in a doctor's office, x-ray room, locker room, etc.

7. Cleanliness and care of our bodies and clothing is important for good health and social acceptance.

People perspire all over their body (hair, feet, genitals, underarms).

Perspiration gives off an unpleasant odor (smell).

Clothes absorb perspiration and also give off an unpleasant odor (smell).

People can soil their clothes with food. Dirty clothes have an unpleasant odor (smell).

People have bathroom odors when they don't clean themselves properly after urinating or having a bowel movement.

People must wash their entire body everyday with soap and water to wash away odors.

People should change clothes (underwear and outer clothes) every day to prevent odors.

People should wash their clothes after wearing them once or twice to wash away odors.

People have bad breath when food gets caught in their teeth.

People should brush their teeth twice a day to wash away mouth odors and help prevent cavities.

People avoid people who smell.

ACTIVITIES

7. Place these items in front of the group and ask each student to select one and tell the group what it is used for and how it is used. Add what they omit.

shampoo
washcloth & soap
deodorant
perfume
foot powder
Q-tips
toothbrush
toothpaste
laundry soap
toilet paper

Use slides or pictures to facilitate your discussion.

Caution students that Q-tips are never inserted into the ear.

On the mannequins or dolls, have the students demonstrate how adults keep their bodies clean. Emphasize washing the genitals.

On the mannequins or dolls, have the students demonstrate how various hygiene products are used.

MAIN POINTS	ACTIVITIES
8. Some clothes have a special purpose: Bras give support to women's breasts. Athletic supports and cups give support to men's genitals. Wearing a bra can improve a woman's appearance. Bras and jockstraps absorb perspiration and retain odors. Bras and jockstraps should be washed after wearing them 2-3 times.	8. Have a bra and athletic support (jockstrap) and cup available so that the group can examine them.
9. Bodies and body parts are different in size and shape. Some adults are tall and some are short. Some women have large breasts while others have small breasts. Some men have penises that are larger or smaller than other men. Some men have a circumcised penis. Some people have large feet and some have small feet. Some people have blue eyes and others have brown eyes. Some people have a lot of hair on their arms while others have only a little.	9. Use slides to help the group compare bodies and body parts. Ask questions to stimulate the discussion. Do all these women/men look alike? How are they different?

MAIN POINTS	ACTIVITIES
This does not mean one person is better than another. This does not mean one man is more masculine than another. This does not mean one woman is more feminine than another. This means that people are the same in some ways and different in others.	

Closing comments:

Always leave time at the end of a session to pull it together and to plan for the next session. A session should take 45-60 minutes depending on your group.

Suggested review:

"We learned several important things today. What were some of the things you learned?

These points should be made:
Everyone in the group is an adult.
Adults are responsible for their behavior.
Adults do not undress in public.
Adults do not use street language in public.
Adults keep themselves clean.
Men and women have some body parts that are the same and others that are different.
People are different.

Additional activites will reinforce your points. For example, have students collect pictures that illustrate "Things To Use To Keep Clean And Healthy" and bring them to the next session.

Compliment the group for what they did well.

UNIT I: UNDERSTANDING YOUR BODY

LESSONS 2 & 3: INTERNAL BODY PARTS

OBJECTIVES: The students will be able to:

[1] Identify living things and non-living things.
[2] Identify three basic body systems and the name and function of one organ in each.
[3] Identify the major organs and their function in the female reproductive system and in the male reproductive system.
[4] Identify three medical tests or pieces of equipment used to examine internal organs.

RESOURCE MATERIAL:

* Mannequins (+)
* Magnifying glass and ink
* Assorted x-rays
* Assorted samples of medical equipment:
    stethescope, reflex hammer, tongue blades, blood drawing equipment, speculum
* "Inside Me"
* "Systems of the Human Body"
Samples of animal organs:
    heart, bone, liver, etc.
Sensory stimulants:
    bell, watch, vinegar, sugar, salt, chocolate, etc.
Balloons
Posters and pamphlets on heart, lungs, nutirition (+)
* 3D models of sex organs (+)
* Worksheets #3 through #13
Student readings:
    "This Is Your Body"
    "The Human Body"
* Slides: "Sexuality and the Mentally Handicapped," Parts I, II, III
* Slide projector
Teacher's reference, Unit I

Notes to leader-teacher:

82 Repetition helps the mentally retarded retain information. Begin this session with a brief review of lesson #1. Do this by asking each student to name an external body part and describe its function and care. From lesson #1 take the list of words on body parts (activity #2) and list of places to dress and undress (activity #6) and go around the group asking each person whether this is street/polite language or a public/private place. 83

UNIT I: LESSONS 2 & 3

Read lessons #2 and #3 before you begin. If you are familiar with the material you will not sound like a robot. In contrast to lesson #1, the concepts of this lesson may seem too difficult for the group, but we have made an effort to present the material in a very simple way. Have confidence in your group's curiosity about the mysteries of their bodies. We know the mentally retarded want to learn about themselves.

These lessons begin to lay the foundation for discussing handicaps, reproduction, keeping fit, etc. We suggest you use two or more sessions for them.

Be sure to review worksheets if they were given as homework.

Opening remarks to students:

"Everybody ready? Everybody curious? Okay, let's begin."

"Today we are going to talk about the parts of our body we can't see--the parts that are under our skin. These parts are called organs. We are going to talk about our 'internal body organs.' Let me hear everyone repeat 'internal body organs.'"

If the mannequins are not available to you, consider using these illustrations, Inside Me and Systems of the Human Body.

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. There are living things and non-living things.	1. Use the mannequins.
People think, feel, see, grow, taste, change, talk. They are living.	Standing beside them ask, "How am I different from these mannequins? Am I a living thing or a non-living thing? How do you know?"
Mannequins, rocks, puppets, and automobiles are not living things. They cannot think, feel, see, grow, taste, etc.	After the differences between you and the mannequins have been established, ask the group to identify what is living and non-living from this list:
Dogs, cats, and birds are living things. They are	

MAIN POINTS	ACTIVITIES
different from people but are still living things.	dollar bill brush chair monkey flower snake butterfly airplane elephant tree
2. All living things are made of cells. Every part of the body is made of very, very tiny cells. Cells are so tiny they can only be seen with a microscope (powerful magnifying glass). There are skin cells, blood cells, bone cells, etc. Skin cells look different from blood cells. Blood cells look different from muscle cells. Cells that are alike are joined together and become a tissue. Different tissues join together to become an organ. When cells die, new ones grow in their place. Cells die when we cut ourselves. When the cut heals we know the cells have been replaced. We cut our hair and fingernails and the hair cells and nail cells are replaced.	2. Refer to worksheet #4, showing what different body cells look like under a microscope and with the group point out these differences (size, shape). Use a simple jigsaw puzzle (5 pieces) and put it together using the reverse side to show how cells join together to form tissue and then an organ. Drop ink on each student's hand and let each one see the outline of the skin cells with a magnifying glass. Those students who have chapped skin or scabs can show the group these dead cells.

86

87

MAIN POINTS	ACTIVITIES
All cells need oxygen and food to live and make new cells.	
3. Body parts work together. Our bodies are made up of many parts (organs). These parts work together. Some organs work together to do a particular job. This is called a system--a body system. The workshop (factory, family) is another system. Here people are the parts (organs). They work together to make pens (clothing, take care of each other). The body has eight systems and each system has a special job.	3. "Let's see if we can identify some other systems--things that work together to do the job. Tell me if any of these groupings are a system, What kind of system is it?" airplane, car, bus, train (travel, transportation system). baby, mother, father, grandmother (family system). teacher, books, classroom, students (school system). airplane, teacher, food (not a system). house, pencil, river (not a system). bedroom, bathroom, kitchen (house system).
4. Skeletel system (bone system). This system is made of bones. Bones are hard tubes filled with marrow. Bones support our body and give it shape. Bones protect our body organs. Bones are held together by ligaments. Marrow is in the center of our bones. Marrow makes blood cells.	4. Ask the students to place the skeletel overlays on the male and female mannequins, noting that they are the same for both sexes. Have students feel the following bones on themselves and point to them on the mannequins: skull, hip, rib, knee cap. Pointing to the following joints, ask the students to name them and to describe what they do; knee, elbow, shoulder. Hold up x-rays of bones, identify them, and ask students to locate them on mannequins and on themselves.

UNIT I: LESSONS 2 & 3 (cont)

MAIN POINTS	ACTIVITIES
Bones can be felt but not seen (arm, leg, back, rib).	Use a beef bone to show the group where the marrow is located.
When bones break they begin to mend when bone cells grow and join the pieces.	Worksheet #5.
Joints are places where different bones come together; they allow us to bend.	
X-rays are pictures of bones.	
Good posture is important for our back bones.	
Good posture gives the internal organs room to work.	
Good nutrition is important for healthy bones (calcium and iron).	
Exercise is important for healthy bones.	
5. Muscular system.	5. Have students activate their muscles by: Smiling (face muscles); Wrinkling nose (face muscles); Lifting a heavy object (upper arm muscles); Making a very tight fist (upper arm muscles); Wriggling fingers (finger muscles).
Muscles help our bodies move and give our bodies strength.	
We can control some muscles--those we use in smiling and in moving our arms, fingers, legs, shoulders, and other parts of our bodies.	They can also feel the thickness of the thigh muscle and feel it work as they sit and stand.
We can feel some muscles because they are near our skin (but still under it)--upper arm, thigh, neck, fingers.	Refer again to Worksheet #5.
We cannot feel some muscles as they are deep in-	

MAIN POINTS

side the body.

Some muscles we cannot control. They work automatically (heart; breathing and digestive muscles).

Men are more muscular than women.

Exercise helps muscles become stronger and work better. Weak muscles can make people look flabby. Flabby people can look fat. Muscles and fat are not the same.

Good health is the responsibility of every adult.

6. Nervous system.

The brain and nerves make up the nervous system.

The brain collects and saves information.

The brain keeps our heart working, our bodies breathing and digesting food.

The nerves protect our bodies (reflex actions).

The nerves bring messages from different parts of the body to the brain.

The nerves also take messages from the brain back to different parts of the body.

The eyes, nose, mouth, ears, fingers, and skin collect information for the brain.

Nerves in the ears (nose, mouth, eyes, fingers,

ACTIVITIES

6. Place the nervous system overlays on the male and female mannequins, noting that they are the same.

Ask the students to locate the brain on the mannequins and then on themselves.

Ask students to describe their neurological examinations and demonstrate use of the reflex hammer.

Refer to worksheet #10.

Demonstrate how the five senses work with the brain and nerves. Blindfold various students and have them identify these: bells and watch (hearing), comb and tissue (touch), chocolate and vinegar (smell), vinegar and sugar (taste).

Demonstrate more complicated ways the brain works:

You are crossing the street and a car comes up behind you.

MAIN POINTS	ACTIVITIES
skin) take the sound (smell, taste, picture, feeling) to the brain. Bones and muscles can't work unless the brain tells them to. If the brain is hurt, parts of the body may not work well. Injuries to the brain prevent it from doing its job. A neurological exam tests to see how well the brain and nerves are working. When we hear and taste things, it is the brain that tells us what they are. The brain also tells us what to do and how to react (pull hand away from fire, spit out a spoiled piece of food, etc.). Seatbelts and helmets are used to protect the brain from injury in an accident.	What do you hear? See? Where does this information go? (Brain) What carried it there? (Nerves) What message does the brain send out? (Get out of the way) Where does the message go? (Feet) What carries it there? (Nerves) If you couldn't see or hear, what would happen? Dust blows into your eyes. What do you do? Did you tell your eyes to blink or did the eyes blink automatically? Was this a reflex action? Worksheet #6.
7. Respiratory system. Our lungs are part of the respiratory system. When we breathe (inhale), air goes into our lungs. The air tube (windpipe) carries air from the mouth and nose to our lungs. We have two lungs.	7. Place lung overlays on the mannequins and indicate that they are the same for men and for women. Have students identify lungs and air tube (windpipe) on the mannequins and then locate them on themselves. Use stethescope (from back) to amplify sounds of breathing. Blow up balloons to show how lungs expand and contract.

MAIN POINTS	ACTIVITIES
We can live with one lung. When we breathe out (exhale), waste air goes out. Air contains oxygen. People need oxygen to live. Cells need oxygen to work. Brain cells need the most oxygen. Lack of oxygen can damage the brain. Blood carries oxygen to the cells and waste away. When we exercise or work hard the body needs more oxygen. The brain keeps us breathing automatically. Cigarette smoking and pollution make it hard to breathe. They cut down on the oxygen supply to the body. They are not good for your health.	Worksheet #7 and #10. Use pamphlets and display posters on lungs to supplement your discussion.
8. Circulatory system. There is blood in all parts of our body. Blood carries food (nutrients) as well as oxygen to our cells and waste away from the cells.	8. Place circulatory system overlays on mannequins and indicate that they are the same for men and for women. Display blood drawing equipment and ask students to share their experiences. Discuss fears.

MAIN POINTS

Our heart pumps the blood to keep it moving.

Our brain keeps the heart pumping automatically.

Blood pressure measures how hard the heart has to work.

High blood pressure is unhealthy.

High blood pressure should be treated by a doctor.

Our blood travels in tubes called veins and arteries.

When one of these tubes is cut we bleed.

If we lose too much blood we may need a transfusion of new blood.

Our blood is bright red when it carries oxygen.

It looks dark red after it has used up oxygen.

Blood vessels are big near the heart and become smaller near the fingers and toes.

Blood cells are manufactured by bone marrow.

New blood cells replace blood we lose.

Blood tests give the doctor information about our health.

A healthy diet is important to healthy blood.

ACTIVITIES

Have the students look for blue lines on their bodies. Identify these as veins (arteries are deeper and cannot be seen). Explain that veins look blue even though blood is red.

Have the group feel their pulse (movement of the blood) at rest and after jumping.

Using the stethescope, have the students listen to their hearts at rest and after exercise.

Demonstrate use of blood pressure apparatus.

Worksheets #7 and #10.

MAIN POINTS

Diet, rest, and exercise are important to healthy blood pressure and a healthy heart.

9. Digestive system.

Our mouth, teeth, esophagus, stomach, intestines, and liver are part of our digestive system.

They work together to change food into nourishment (vitamins and proteins) so it can be used by the body.

Special liquids in the stomach and intestines help change food to nourishment (nutrients).

Food is moved through the system by a squeezing pushing motion of muscles in the stomach and intestines.

When stomach muscles are stretched you feel full.

The brain keeps the digestive muscles working automatically.

After food becomes nourishment, the blood takes it to the liver and other parts of the body where it is stored.

Blood also takes nourishment to the cells and waste away from the cells.

The food not used or stored passes out of the body as bowel muvements (waste).

It takes four hours for food to move through the stomach.

ACTIVITIES

9. Place the overlays on the mannequins and indicate that they are the same for men and for women.

Have a student identify the parts of the digestive system on the mannequins as the others trace these parts on their own bodies.

Use the stethescope to amplify sounds of the digestive tract.

Point out the route food takes, beginning at the mouth and ending at the anus.

Worksheet #8

Discuss a balanced diet.

Use pamphlets and posters on nutrition to supplement your discussion.

Display assorted pictures of food. Ask students to seperate junk food items from nutritional food items.

Demonstrate how fat affects functioning. Have three students lie on the floor. Give one student a 10 lb. weight (e.g. books). Ask the three students to stand up. Discuss the difficulty.

Find out if the group knows why people choke and how it can be avoided.

MAIN POINTS	ACTIVITIES
It takes 1½ days from the time you first eat to digest a meal and get rid of the waste. Fat is stored food. Too much fat is unhealthy. Too much fat makes it hard for the heart and lungs to work. Too much fat strains bones and joints. Adults are responsible for eating a balanced diet (milk, meat, fruit, vegetables, and bread). A balanced diet is important for a healthy body. We choke when food blocks the air tube (windpipe). People can choke when they eat too fast. People can choke when they talk with food in their mouths.	Discuss worksheet #9. Caution: This should only be taught by a medically trained person to carefully selected students.
10. Excretory system. Urine is a body waste. Our blood brings liquid waste from our cells to our kidneys. Our kidneys turn this into urine. We have two kidneys. We can live with one kidney. Urine is stored in the bladder. Our bladder is emptied many times a day.	10. Place excretory system overlays on mannequins and use side view chart to point out that the excretory system is the same for the male and the female except for the location of the tube that carries the urine out of the body. After you trace the differences, ask two or three students to repeat what you did and said. Worksheets #3 and #8. Cleanliness is an important subject to review. Do this with a series of questions. Why do we have body odors? Are they natural? Does everybody have them?

MAIN POINTS	ACTIVITIES
Our brain tells our bladder when to empty itself (urinate). Perspiration (sweat) is also liquid waste. Perspiration leaves our body through pores in our skin. Urine, bowel movements, and perspiration are all body wastes. All body waste has a bad odor. Urine tests give the doctors information about our health. Drinking water every day is important for healthy kidneys and bladder. Adults are responsible for keeping their bodies free of odor.	What can you do about them? Whose responsibility is it to keep our bodies free of odor? On the mannequins show students the proper way to wash body parts that perspire (sex organs, arm pits, feet, etc.).
11. Reproductive system. Men and women need each other to reproduce (make a baby). Men and women have different reproductive systems. In sexual intercourse a man places his penis in a woman's vagina. A woman can become pregnant after sexual intercourse, if the man's sperm joins her egg.	11. Place the reproductive overlays on the mannequins and ask a male and a female student to identify the reproductive organs on each. Distribute worksheet #11. Repeat with two other students. Ask where the uterus (womb) and the penis are. After tracing the route of sperm and urine in the male system, on the side view charts ask several students to come up to the mannequins to repeat this to be sure they understand the point.

MAIN POINTS

Anytime a man and woman have sexual intercourse the woman can become pregnant.

People have intercourse to reproduce and for pleasure.

The man's part:

A man has two testicles.

Sperm is made in the man's testicles.

The man's sperm fertilizes the woman's egg.

The penis carries the sperm out of the body.

Semen is a thick white liquid that holds and carries the sperm.

A man's body will not allow urine and sperm to come out of the penis at the same time.

A man has sexual feelings in his penis.

The woman's part:

A woman has two ovaries.

There are many eggs in a woman's ovaries.

Every month one egg leaves an ovary and travels to the uterus.

A woman's egg must be joined by a man's sperm before it can grow into a baby.

ACTIVITIES

Repeat, on side view charts showing that the egg and urine in the female system travel different routes.

On worksheet #2 identify: vulva, clitoris, urethra, vagina, rectum.

Use the mannequin overlays to show how uterine blood builds up and flows from the body.

When slang terms are used, accept them, but teach and reinforce polite terms.

Refer to worksheet #10 and pass around speculum.

Discuss fears.

Consider an extra lesson with the female students to discuss menstruation using slides and self care products.

Use slides and models of sex organs to show how the penis fits into the vagina (or use finger and insert into fist).

Distribute and discuss worksheets #11 and #13.

Use mannequin overlays to show growth of fetus.

Encourage discussions with these questions:
Do people have sexual intercourse only when they want children?
Can adults decide not to have children?
What do they do to prevent pregnancy?
When you don't want to have sex with someone, what should you do?
Should you force someone to have sex with you?

MAIN POINTS	ACTIVITIES
This happens during sexual intercourse. The vagina directs the man's sperm into the woman's body. The uterus (womb) holds the egg as it grows into a baby. The vagina and uterus are elastic. The uterus stretches as the baby grows. The vagina (birth canal) stretches at birth. Blood (tissue) builds up in the uterus every month. When a woman is not pregnant the blood (tissue) comes out through the vagina. This is called menstruation. The clitoris is like a small knob. A woman has sexual feelings in her clitoris and in her vagina. Men and women should remember: People have intercourse to reproduce and for pleasure. People who don't want babies use birth control. It is against the law to force someone to have intercourse with you.	

MAIN POINTS	ACTIVITIES
It is against the law for someone to force you to have sexual intercourse. This is called rape.	

Closing comments:

Suggested review:

Place the overlays on the table. As you name the systems of the human body, have a student select the proper overlays and place them on the mannequins.

With the overlays on the mannequins, have the other students take turns pointing to the major organs which you will name for them. Have them repeat the names as they do this.

Place the medical equipment on the table and as the students select an item, have them tell how and why it is used. You name it and have them repeat it.

To help emphasize adult responsibilities, have students complete the sentence: An adult(s) __________. In describing adult responsibilities be sure they include these points:

Is free of body odors and wears clean clothes;
Eats properly every day (exercises);
Does not force anyone to have sex;
Uses polite language;
Undresses only in private;
Knows whether or not they are able to care for a baby;
Doesn't have unprotected sexual intercourse if they don't want to make a baby.

Compliment the group. Remind them of the next session. Assign homework: Worksheet #12.

Check yourself:

Now, take a few minutes to evaluate what is happening.

Have you rewarded those who participated?
Have you involved everyone in the sessions?
Have you allowed for questions?
Have you kept your language simple?
Have you seen that the rules were obeyed?
Have you maintained their interest?
Have you offered too much? Or have you offered just enough and encouraged the students to participate?

UNIT I: UNDERSTANDING YOUR BODY

LESSON 4: INDIVIDUAL DIFFERENCES/SELF CARE

OBJECTIVES: The students will be able to:

[1] Show understanding that they (people) are different and being different is not being inferior.
[2] Identify three things about themselves that cannot be changed.
[3] Identify three things about themselves that can be changed.
[4] Identify three ways that they can keep their bodies healthy and attractive.

RESOURCE MATERIAL:

Magazine pictures showing:
- a family (inherited characteristics)
- different aged people (age-related chacteristics)
- men and women (sex-related characteristics)
- Worksheet #3

Notes to leader-teacher:

Each lesson should begin with a brief review of the previous session. Use your judgment as to the amount of time you give this. Going over the worksheets together can be one way to review. The following is another, more comprehensive way.

Begin by asking the students to explain the difference between people and mannequins (living things and non-living things). Name the key organs and select students to locate them on the overlays. Be sure to include the reproductive organs. Point to samples of medical equipment on the table and ask them to explain the purpose of each.

Remember, if lessons require more time, give them more time. Every group is different. Some groups may be interested in one lesson more than another. Or one lesson may be more difficult for you to present than another. Be flexible.

Please note the change in pronouns in this lesson. It reflects a major step in helping each student begin to focus on himself or herself.

Review homework if you have given any.

If you decide to help a student change by identifying a particular behavior or characteristic and then developing a system to change it be sure to work through the details with staff who will be involved.

Opening remarks to students:

"Let's move our chairs close together today because we need to be able to see each other. Today, we are going to talk about us as people and the ways we are different from each other. Okay, who wants to be first? Who wants to be the first to tell us one way that he or she is different from us." (Be sure to praise the beginner.)

MAIN POINTS

The leader-teacher will show how:

1. People are similiar and different.

You are the same as some people.

You are different from some people.

Being different does not mean you are better than someone else.

Being different does not mean you are not as good as someone else.

It just means you are different.

You (people) are different in size (sex, age, health, personality, weight, skin color, etc.).

Some people are tall. Some people are short.

Some people are blind. Some people can see.

Some people are mean. Some people are kind.

You (people) can be alike in sex (age, skin color,

ACTIVITIES

1. If you need to assist the group in making comparisons, ask three students to stand with you and have the group compare what is the same and what is different about all of you.

Challenge these comparisons frequently with, "Does that make him/her better than I am/you are?"

Another activity is called "This Is Me." Each student stands in front of the class, establishes eye contact with the group and describes him or herself as follows:

My full name is ________________.
I am _____years old.
I am a __________(man/woman).
I live at __________, with __________.
I am __________(short/tall).
I am __________(friendly/unfriendly).
I work at __________.
I like to eat __________.

MAIN POINTS

height, etc.).

If you are missing an arm or leg, you are different. It does not mean you are not as good as someone else.

If you are mentally retarded, you are different. It does not mean you are not as good as someone else.

2. Some differences cannot be changed.

You cannot change certain things about yourself.

Differences that were present when you were born cannot be changed. For example:
Race (black, white, oriental, Indian);
Family characteristics (color of eyes, shape of nose);
Sex;
Special problems (cerebral palsy, mental retardation, seizures).

Differences that might have resulted from an accident or illness after you were born cannot be changed. For example:
Stroke and loss of speech;
Amputation following an accident;
Hearing loss following a severe ear infection;
Scars following burns.

Rehabilitation and treatment can minimize a disabity.

Differences that come with getting older cannot be changed. For example:

ACTIVITIES

2. Continue to use yourself and the students. The next points (#2 and #3) can be worked on together. As characteristics are mentioned, ask if each one is something you can or cannot change. Would they want to change it if they could?

Develop the lesson with additional questions:
Why can't you change that?
How can you change that?
What would you like to change about yourself?
How could you do this? Who can help you?
Do you find it easy to change your habits?
Do you feel angry because you are ________(fat, have seizures/allergies, black, scarred, short)?
When you feel angry what do you do?
Does this help you?

Use magazine pictures to supplement this discussion.

UNIT I: LESSON 4 (cont)

MAIN POINTS

A woman stops menstruating when she grows older;
Skin begins to wrinkle as you grow older;
Men lose hair as they grow older.

3. Some differences can be changed.

You can usually change the way you look and care for yourself.

You can dye your hair and change the way you wear it.

You can lose weight.

You can stop eating junk food and begin to eat a good diet.

You can bathe and get rid of body odor.

You can stop biting your nails.

If you lose your teeth you can wear dentures.

You can stop wearing soiled clothes and wear clean clothes to look attractive.

4. People have different feelings about themselves.

Everyone likes certain things about himself or herself and dislikes other things. This is okay.

You may be short, and angry because you want to be tall.

One day you may like the way you look and the next

ACTIVITIES

4. Again using questions and taking turns, ask the students to:

Name two things they like/dislike about themselves,
Tell the class two things they do well.
Tell the class two things they would like to do better.
How would they go about this?
What dumb thing did they do today? What smart thing?

MAIN POINTS	ACTIVITIES
day you may feel ugly. At home you may feel smart and at work feel dumb. You may be angry at yourself because you bite your nails. You may like yourself because you dance well. You may like the way you look when you dress up. Sometimes you may like yourself and sometimes you may not like yourself.	
5. Adults can change some things about themselves. You are an adult. You can learn to change. You are responsible for the way you look and the way you behave. You can learn how to look and behave better. Being responsible for our behavior and the way we look is not always easy. Old habits are hard to change. You have to work hard to change things about yourself. Some people will not understand why you want to change and they will tease you.	5. Ask a student (s) to identify a behavior they wish to change. It should be a relatively easy behavior to change so they can experience success. Easy behaviors are nail biting, combing hair, etc. Help the student(s) identify the person(s) who can help them work on changing this behavior (be sure to obtain their support). Arrange for the students to report their progress at the beginning of the next session. Continue this until the goal is met.

UNIT I: LESSON 4 (cont)

MAIN POINTS	ACTIVITIES
Some people will understand and help you change.	
People who can help you are parents, supervisors, counselors, doctors, etc.	
You cannot change some things about yourself.	
You cannot change the color of your skin.	
You cannot make believe you have no disability.	
You can be angry because you cannot change things.	
This is okay. You can be angry.	
It helps to talk when you feel angry.	

Closing comments:

Suggested review:

Review Unit I, you may elect to use an entire session for a review. Consider selecting slides from Parts I, II, and III of the 35 mm slide/text series Sexuality and The Mentally Handicapped by W. Kempton and G. Hanson to do the review. Their human models (adolescent and adult) illustrate external anatomy, basic hygiene, and individual variations among peers. The anatomy and function of internal body parts are not included in this material. Worksheets and mannequins will also help you review.

Check yourself:

How are you doing? Are you using your training sessions to discuss problems? Share successes?

1. EXTERNAL BODY PARTS

(Slang terms are indicated in parenthesis.)

Head and Face: Contains and protects brain and major sensory organs: eyes, ears, nose, mouth.

Hair: Protects head.

Eyes: Organs of sight. Brows protect eyes from perspiration of forehead; lashes protect and help keep them moist.

Ears: Organs of hearing. Sense of balance originates in the semi-circular canals near the inner ear.

Nose: Organ of smell. Grossly filters and warms air in breathing.

Mouth: Permits eating, speech, expression, communication; also used as alternate breathing passage.

Teeth: Grind food into small pieces; aid sound formation and speech.

Gums: Help hold teeth in place; bring nourishment to teeth.

Tongue: Organ of taste; aids sound formation and speech; moves food around mouth to aid chewing.

Neck: Joins head to body trunk (torso); a joint which facilitates head movements.

Adam's Apple: Larynx - controls air for speech.

Skin: Protective covering for internal organs; sense of touch; also functions to regulate temperature and to remove waste in the form of perspiration.

Chest: Front part of body trunk. Contains organs for circulation, respiration, and digestion.

Breast/Nipples: Breasts not generally developed in males. In female are developed in puberty for potential milk production and feeding of infant.

Back: Rear part of body trunk, bony spine in midline is a complex series of joints that facilitates body movements, protects spinal cord.

125 Arm Pit: (Axilla) Area under arm between arm and trunk; contains sweat glands. 126

Waist: Narrowest part of torso, dividing point between upper and lower body.

Navel: Stump of umbilical cord that attached fetus to placenta during pregnancy and through which nutrients and oxygen passed to fetus and waste was carried away. Severed at birth. (Belly button.)

Abdomen and Pelvis: Front part of body trunk. Contains organs for digestion, excretion, and reproduction. (Tummy, belly.)

Buttocks: Provides padding to sit; well muscled to facilitate running, kicking, lifting, etc. (Butt, buns, tush, fanny, arse, ass.)

Anus/Rectum: Terminal opening of intestinal tract (bowels), located in the cleft between the buttocks, for the elimination of feces (B.M., bowel movement, poop, shit, stool, crap.)

Groin: The depression between thigh and trunk.

Genitals: Organs of reproduction. Give sexual identity; permit elimination of urine. (Privates, sex organs, unmentionables, goods.)

Male: Penis--Organ of reproduction that also permits elimination of urine; focal point of erotic pleasure. Circumcision: the surgical removal of the foreskin of the penis primarily for hygienic purposes. [Circumcision is a religious rite in the Jewish and Muslim faiths and is symbolic of a covenant with God to carry on the faith and culture throughout the generations.] (Prick, dick, peter, pecker, cock, rod, thingy, hot dog.)
Testicles--Forms and stores sperm [seed] for reproduction and are found inside the scrotum which is a sack of loose skin. (Balls, jewels, goods.)

Female: Vulva-- Protects and houses the clitoris and openings for urethra and vagina. (Slit, cunt, box, pussy.)
Urethra--Small tube for elimination of urine. (Pee, piss, water.)
Vagina--Elasticized tube between the uterus and vulva for sexual intercourse, birth passage, and menstrual flow.
Hymen--A thin membrane which may partially cover the entrance to the vagina. Contrary to folklore, presence or absence of the hymen does not prove or disprove virginity or sexual experience.
Clitoris--Small, highly sensitive erectile organ similar in origin and structure to the male penis, located in skin folds and upper part of vulva; a focal point of female erotic pleasure.

Shoulder/Hip: Joins arm/leg to body trunk; joints that facilitate movement.

Arm: Reaches, pulls, hold, lifts.

Leg: Used for transportation-walking, running, hopping, jumping, kicking, holding, pushing.

Upper Arm/Thigh: Upper section of arm/leg.

Elbow/Knee: Joints between upper and lower sections which facilitate movement of lower arm/leg.

Wrist/Ankle: Joints facilitating movement of hand/foot.

Hands and Fingers/Feet and Toes: Fingers and toes have many joints and are able to grasp, manipulate, pull, poke, gesture, and communicate. Appositional thumb enhances dexterity. Feet provide a base of support for the body.

Fingernails/toenails: Offer protection; act as rudimentary tools for picking, digging, etc.

2. INTERNAL BODY PARTS

(Some organs and organ systems omitted from the student curriculum are included for your additional information.)

Cells: The body is composed of billions of cells which work together to maintain all life processes and which reproduce themselves through division of the nucleus and other cell matter, creating exact duplicates. Body cells are constantly being formed, performing their function, and dying. Millions of new cells are created daily.

Skeletal System: The 206 bones of the body are collectively called the skeleton. Bones are made of bone cells and minerals. The outside forms a hard tube around the marrow, which has specialized cells for the formation of blood cells.

Muscular System: Muscle comprises about 40% of a male's and 30% of a female's total weight. Voluntary muscles move under conscious direction. Some voluntary muscles pull tendons to effect movement, e.g., muscles in the arm which control finger and hand movement via tendons which eliminate bulky muscles from the hand. Involuntary muscles work continuallly without conscious thought. These aid in digestion, breathing, and circulation. The heart is an involuntary muscle.

Nervous System:

Brain--Rests in the upper half of the skull and is divided into three parts. The cerebrum is considered the higher center for thought, memory, understanding, feelings, and control of voluntary muscles. It receives sensory information, processes it, and guides the body in speech or action. The largest and uppermost part of the brain, it is itself divided into two halves. The left half controls the right side of the body and vice versa. The cerebellum is located under the cerebrum just above the back of the neck; it also has two halves. It primarily receives and transmits impulses to the muscles, coordinating their work together and maintaining balance. The brain stem is the lowermost part of the brain and about the size of your thumb. It controls all involuntary activities, such as breathing, swallowing, and heart beat. The brain stem connects to the spinal cord, which progresses the entire length of the vertebral spine. All impulses sent to and from the brain go through the spinal cord. If the cord is severed, no impulses can be sent or received from the area below the cut, which results in motor and sensory paralysis below that point.

Nerves--Look like white strings that link the brain and all other body parts. Nerves carry messages called impulses. An impulse may be transmitted from brain to toe in 1/30th of a second. Reflexes, which bypass the brain. move even more quickly and act for body protection and preservation. Reflexes are spinal cord functions.

Respiratory System: Respiration gets oxygen to the cells. Muscular movement within the chest creates a negative air pressure resulting in inhalation. When muscles relax exhalation occurs. Resting respiration rate is about 15 breaths per minute.

Lungs--There are two lungs, the right having three lobes and the left two. The left is smaller to provide space for the heart. The lungs are composed of millions of tiny air sacs, each surrounded by tiny blood vessels called capillaries. Oxygen is absorbed by blood cells in the capillaries, and carbon dioxide is given off from the blood into the air sacs then exhaled. All body cells use oxygen, but the brain uses about ½ of our total oxygen intake.

Digestive System: Digestion is the process of changing food into a form which can be used by the cells. Digestion begins as teeth cut and grind food and salivary glands secrete enzymes to begin food breakdown. Involuntary muscles push the food down. Passages to nose and lungs are involuntarily (reflexively) closed off during swallowing. Two or three seconds after swallowing, food enters the stomach, where it stays for three or four hours. Millions of tiny glands in the stomach walls secrete acid which kills bacteria and enzymes which digest food.

Digestion continues in the small intestine where absorption of the digested food into capillaries surrounding the small intestine takes the next three to four hours. The capillaries feed into a vein which goes to the liver where the food is temporarily stored and gradually added to the blood stream in a continual process. The liver and pancreas also secrete enzymes to aid digestion. Excess food is stored in many parts of the body as fat, which gives warmth and pads and protects the stomach, kidneys, and other organs. Fat should be about 1/7th of total body weight, but some people have excess fat up to ½ their weight. Excessive body fat, or obesity, is a major health problem in America.

Food that can't be used by the body continues through the large intestine for about 20 hours before excretion through the anus. The dark color of feces comes from bile secreted by the liver. The total process takes about 1½ days.

Excretory System: When cells metabolize food and oxygen, waste is formed. As noted, carbon dioxide is filtered out in the lungs and exhaled; food residue is excreted as feces.

Kidneys--Remove other wastes from the blood. There are two kidneys, one on each side of the spine in the lower back. Major arteries feed into the kidneys and become a vast network of capillaries which give up waste products and some water to the kidneys. This filtrate, called urine, progresses into one large tube (ureter) from each kidney to the bladder for temporary storage and is later excreted through the urethra during urination.

Skin: The skin covers and protects the body, keeping out dirt, bacteria, and water and keeping cellular fluids in. It contains nerve endings sensitive to touch, pain, and temperature, glands which secrete sweat for cooling and excretory purposes, and oil to keep skin soft. Skin pigment, called melanin, protects skin from the sun. People originating in sunny places, such as India and Africa, have more melanin and darker skin. When light-skinned people are exposed to summer sun, melanin temporarily increases and"tans" the skin.

Circulatory System:

Blood--Blood is composed of red blood cells which transport oxygen from the lungs to every other body cell; white blood cells which combat infection and kill bacteria, platelets which promote clotting and stoppage of blood flow when exposed to air, and plasma, the liquid part of blood which carries and exchanges nutrients and wastes. Blood cells are formed within the bone marrow. The spleen is a small organ for blood storage.

Heart--The heart pumps [circulates] blood through the body in a circular fashion. The heart is a muscle with four chambers, approximately the size of the fist, which beats about 60-70 times a minute at rest. Exertion, fear, or anger can increase the heart rate.

Blood vessels--The tubes which carry blood are blood vessels. Arteries carry oxygenated blood from the heart to all parts of the body. Most are deep within the body. They expand with each beat, enabling one to feel their pulse. The largest artery is the aorta. All arteries branch and re-branch, finally forming capillaries which are microscopic. Ten of them are the diameter of one hair. Capillaries carry oxygen and food-rich blood near every cell, where it is exhanged for such cellular wastes as carbon dioxide, urea and other chemicals. Capillaries then come together into tiny veins which form larger and larger veins until they converge into the heart. Two large veins empty into the right side of the heart. The right side of the heart pumps blood into the lungs for carbon dioxide/oxygen exchange, then back into the left side of the heart from which it is again pumped to all parts of the body. Valves keep the blood from flowing backward. The sound of one's heartbeat is actually the closing of these valves.

Endocrine System:

Ductless glands and hormones--the glands form and secrete liquids which influence overall body function. Some have ducts which carry their secretions to specific locations, including sweat glands, salivary glands, liver [largest gland in the body], and pancreas. Ductless glands secrete hormones directly into the blood stream. Proper hormone levels are essential to body function. Some differences can be compensated for by taking prescribed hormone substitues. The ductless glands and their function follow.

Pancreas--Contains thousands of ductless glands producing insulin, which regulates the amount of sugar [glucose] in the blood. When the pancreas can't make enough insulin, diabetes results.

Pituitary--Located under the brain, this gland regulates the production of hormones in other ductless glands and regulates growth. Malfunction may result in hypopituitary dwarfs or hyperpituitary giants if not treated.

Thyroid--Regulates heart and respiration rate, body temperature, metabolic rate. The hypothyroid person has slow pulse and respiration, cool skin, is tired and slow. The hyperthyroid person is nervous and excited, and breathing and heart rate are fast.

Parathyroid--A group of four tiny glands behind the thyroid in the neck which regulate the amount of calcium in the blood stream. Calcium is essential to nerve and muscle function.
Adrenal--Two glands, one atop each kidney, that secrete a hormone called adrenalin in response to anger or fear. Adrenalin prepares the body for fight or flight.

Sex-related glands:
Testes[male]--two located in scrotum. Produce spermatozoa, the mature male reproductive cell, and testosterone, the male hormone which promotes the growth of secondary sexual characteristics: deepening voice, muscular development, beard, and pubic hair.
Ovaries [female]--two located in the pelvis on either side of the uterus. Produce ova or eggs, the mature female reproductive cell, and estrogen, the female hormone which creates such secondary characteristics as a smooth contoured body, breast development, and pubic hair, and which plays an active role in the menstrual cycle.

The testes and ovaries produce both male and female hormones, but differ in the amount of each depending on sex.

Reproductive System:
Male: Testes--[see above]. Spermatozoa produced in the testes travel through a long tube, the vas, to the urethra which passes through the penis. The prostate and other glands add milky fluids (semen) to the vas to help carry the sperm. Just as valves in the throat protect one from breathing and swallowing at the same time, a valve near the prostate prevents simultaneous expulsion of urine and semen.
Female: Ovaries--[see above]. A tube leads from each ovary into the uterus or womb. These tubes called fallopian tubes, are for transport of the woman's egg from the ovary where it is made to the uterus where it will implant and grow if fertilized by the spermatozoa. Conception usually takes place within the fallopian tube before the egg reaches the uterus.
Uterus--is a hollow muscular organ with a highly vascular internal lining. One end opens into a muscular tube, the vagina, which leads from the uterus to the outside of the body. The uterus' function is to prepare for the implantation of a fertilized egg and, if implantation occurs, to protect and nourish the growing fetus until it is mature. At term the muscular walls of the uterus contract and push the baby through the vagina into the outside world. If the ova is not fertilized, the lining of the uterus is shed in a process called menstruation (period, friend, curse, monthly). This process begins in puberty and is seen as a small amount of blood which flows from the uterus through the vagina for a few days each month. This is a natural process and a sign of good health.

UNIT II: EXPERIENCING YOUR LIFE CYCLE

GOALS:
- A. Develop a basic understanding of the life cycle: birth, growth, aging, death.
- B. Develop a basic understanding of the differences between children and adults.
- C. Develop an understanding of adult behavior.
- D. Enable the students to communicate feelings, ideas, and experiences with death.

Introductory remarks to leader-teacher:

If you have not reviewed Unit I, with the class, consider doing it now by following the suggestions at the end of that unit. Unit II was designed to help the student develop an understanding of life's processes and of physical, mental, social, emotional, and sexual changes from birth to death. As you do the unit, be sure to emphasize two things: 1) Being handicapped is being different but it doesn't mean being better than, or worse than, someone else, and 2) Though we stop growing physically, we never stop learning new skills, and changing/learning/growing emotionally, socially, and mentally.

In this unit, also contrast the child with the adult so that students will identify themselves as adults. Label juvenile behaviors so that they will know what is not appropriate for adults. Label adult behaviors so that they will know what new behaviors they need to learn.

UNIT II: EXPERIENCING YOUR LIFE CYCLE

LESSON 1: THE LIFE CYCLE: WHAT IS IT?

OBJECTIVES: The students will be able to:

[1] Identify birth, growth, aging, and death as stages of the life cycle.
[2] Demonstrate an understanding of the concept of growth by citing two ways they have grown/changed (physically, mentally, and/or socially-emotionally).
[3] Identify death as the end of life as we know it.
[4] Share their experiences with death.

RESOURCE MATERIAL:

Magazine and newspaper pictures of people at various ages
Worksheets #14 and #15
Photographs of your students at various ages

Note to leader-teacher:

In this lesson, help the student develop an understanding of life as a process (series of steps) which everyone experiences. "It is universal for all living things." Help them understand that individuals go through this process in different ways and that this is neither good nor bad.

For many people talking about death (a natural part of the life process) is as sensitive an issue as discussing sex. For this reason, build into this lesson an opportunity for the students to discuss death. However, be alert to the possibility that some may not be able to deal with the subject. Be sensitive. Don't push. Listen.

Opening remarks to students:

"Students, in the next two lessons we are going to talk about life. We are going to describe what it is. We are going to learn how people change during their life. We are going to start at the beginning when a baby is born and go to the end when a person dies. I have put pictures of people on the table. Who wants to be the first to arrange them according to age?"

MAIN POINTS

The leader-teacher will:

1. Identify the four stages of the life cycle.

All living things have a beginning, grow, age, and die.

People begin as babies when they come out of their mother's body.

Some people believe the beginning comes before when the sperm joins the egg (fertilization).

Once the baby is born, it becomes bigger and learns to do things, and we say the baby is growing (developing, learning, changing).

Only our bodies stop growing when we are adults. Adults never stop learning. They are always learning new things.

People grow old when their bodies slow down.

People die when all their body parts stop working.

Everybody is born and everybody dies.

2. Describe the four areas of growth and change.

After a baby is born he/she will change. Change means the baby will grow and develop.

The baby's body will change (physical development):
The baby will grow taller and gain weight.
The baby will learn to sit, walk, run, etc.

ACTIVITIES

1. Cut up worksheets #14 and #15 and ask the students to put the pictures in the proper order. Repeat this exercise with magazine and newspaper pictures.

Using the same illustrations, help the students compare the stages of the life cycle according to their physical, mental and social/emotional differences.

Refer to photographs the students brought in and ask these questions:
What does growing mean?
How can you tell that a person is growing?
Will you grow into a baby?
Does a person ever stop growing?

MAIN POINTS

The baby's mind will change (mental development):
The baby will learn to talk, write.
The baby will learn to play with toys.
The baby will learn to feed and dress herself/himself, etc.

The baby will have feelings (emotional development):
The baby will learn what makes him or her sad/happy/scared.
The baby will learn how to tell people what he or she is feeling.

The baby will relate to people (social development):
The baby will learn what people can do for him/her.
The baby will learn what he/she can do for others.
The baby will learn how to play with people.
The baby will learn how to share.
The baby will learn how to take turns.
The baby will learn how to wait for things.
The baby will learn that he/she can't always have things his/her way.

Babies are alike and different.
Some babies will grow and develop quickly.
Some babies will have a handicap. They will grow and develop slowly.

3. Indicate that death is the last stage of the life cycle.

All living things have a beginning, grow, age, and die.

People begin as babies.

People grow up, grow old, and then die.

To die is natural. All living things die.

ACTIVITIES

3. These questions will help the group communicate their ideas, feelings, and experiences with death:
Has anyone here ever known someone who has died?
Who was it? How did it make you feel? Tell us about it.
What did you do? What was the wake/funeral like?
Did you see the person after he/she died? Tell us about it.

For those who have not experienced the death of a per-

UNIT II: LESSON 1 (cont)

MAIN POINTS	ACTIVITIES
Some people die when their body parts wear out.	son, discuss experiences around the death of a pet.
Some people die because of an accident or a very severe illness.	Acknowledge how difficult it is to talk about death. Talk about the difference between death as seen on television and experienced in real life.
People die when their bodies stop working--their heart, lungs, and brain all stop. This is sometimes called physical (body) death.	
Many religions teach us about spiritual life (soul) that continues after physical death (body).	
Some people feel uncomfortable and fearful when they think and talk about death.	
Some people wonder what it is like to be dead.	
When someone we know dies, we may feel sad because we liked them and will miss them.	
When someone we know dies we may feel glad because we did not like them.	
When someone dies there is a wake and/or funeral. This is one way people say good-by.	
This is one way people comfort the family.	
This is one way people show their grief.	

Closing comments:

Suggested review:

Questions for the class:
When does life as we know it begin?
When does it end?
What happens to a person in between.
What happened to you from the time you were born till now? Tell us how you have changed.

Check yourself:

Are you continuing to encourage the group to talk to each other, communicating feelings, ideas, experiences?
Are you continuing to greet them as they come in and leave? Are they beginning to greet each other?
Are rules being enforced?
Are the students beginning to ask you and each other, "What did you do this week?"

UNIT II: EXPERIENCING YOUR LIFE CYCLE

LESSON 2: BABY TO SENIOR CITIZEN

OBJECTIVES: The students will be able to:

[1] Identify two characteristics of each developmental stage: childhood, adulthood, and old age.
[2] Identify themselves as adults.
[3] List three behaviors inappropriate for adults.
[4] Understand why many adults decide not to become parents.

RESOURCE MATERIAL:

* Filmstrip projector
* Filmstrip series "Aging"
Guests: Mother and infant/toddler
Magazine pictures of people of varying ages
Photographs of students at various ages
Worksheet #14 and #15

Notes to leader-teacher:

In this lesson identify the students as adults and stress adult behaviors and responsibilities. Apply the points made here to daily living (teachable moments).

Opening Remarks to students:

"Okay, children, let's start our lesson." (Pause.) "Did everyone hear what I said?" (Pause. Repeat.) "Okay, children." (Pause.) "Are you children? Or are you adults?"

MAIN POINTS	ACTIVITIES
The leader-teacher will:	
1. Identify the developmental stages:	1. Collect many pictures of people of varying ages. Ask the students to group them according to these stages: baby, child, adolescent, adult, senior citizen.
In the beginning we are called babies.	Refer to worksheet # 14 and #15.
As we are growing we are called children.	
When we begin to develop as men and women we are	

MAIN POINTS

called teenagers or adolescents.

Then when we become 18 years old (or 21) we become adults.

After we reach our 65th year we are called senior citizens.

2. Compare the developmental stages:

A child is :
Small in size and growing rapidly;
Just learning how to use his body to sit/walk/run;
Beginning to learn what is right and wrong;
Unable to understand danger;
Trying to learn how to behave and express his feelings;
Finding out how to play, be a friend, and cooperate;
Learning how to care for himself: bathe, feed, and dress himself;
In need of his parents all the time because he needs to learn everything.

An adult is:
Full grown, energetic, and physically mature;
Interested in doing things for himself;
Able to behave appropriately;
Cooperative at home and at work;
Willing to learn new skills;
Capable of sharing and helping others;
Hard-working to the best of his ability;
Capable of expressing his sexual feelings appropriately;
Interested in people and friendships.

ACTIVITIES

2. Take the following characteristics and trace them through three stages (child, adult, senior citizen): size, skin texture, hair, interest in toys, ability to travel, need for parents, day activity, relationship with friends, and expression of feelings.

Magazine pictures can be used to illustrate or help the discussion.

MAIN POINTS

An aged person (senior citizen) is:
Beginning to show changes in his body;
Starting to need help with cooking, cleaning, and shopping;
Moving slowly and tiring easily;
May often become moody and unhappy when he is less able to work, visit, see, hear, think;
Requiring more medical care as his body parts show signs of wear;
Still interested in people and friendships;
Still interested in community activities.

3. Reemphasize that the students are adults.

Everyone here was once a baby.

Everyone here is now an adult.

Everyone here is an adult because he or she is over 18 years old.

Everyone here has an adult body. It is a man's or a woman's body.

No one here will grow taller.

Adults stop growing.

Adults don't stop learning.

Not all adults are alike: some are tall, some are married, some can read, some are handicapped, some become parents.

You are an adult and you should not behave like a child.

ACTIVITIES

3. Find out how the students see adults.

How many peple here are children? Adults?
Why do you think you are an adult?
Once you are an adult can you become a child?
Do adults stop growing? Learning? How do you know?
Are handicapped people adults?
Are they good?
Do all adults marry? Want to marry?
Do all adults have children? Want children?

MAIN POINTS	ACTIVITIES
4. List the important things adults should remember: Adults are responsible for their behavior. Adults express their feelings in words. They do not scream, hit, pout, lie. Adults shake hands when they meet people. They only hug and kiss special people at certain times. Adults do not talk to strangers. Adults do not touch strangers. Adults keep their clothes and bodies clean. Adults use proper language. Adults undress only in private places. Adults ask for help when they need it. Adults know it is difficult to be a parent. Adults don't tease people. Adults go to work and do their jobs. Adults help care for their homes. Adults think about other people and their feelings.	4. Ask the students how many of them remember what they've learned about being an adult. What are some things adults should remember? How should adults act if: They are angry, feel jealous? They are asked to take a bath? They don't want to go to work?
5. Most adults think about marriage and parenthood. Some men and women marry.	5. Nothing is more realistic than bringing in a baby and a parent that students can observe the parent changing messy diapers and comforting a crying baby, etc.

UNIT II: LESSON 2 (cont)

MAIN POINTS	ACTIVITIES
Not all men and women want to marry. Not all men and women can marry. Marriage is a responsibility. Some married adults want to have children. Not all adults want to have children. Not all adults can have children. Having children is a responsibility. Children must be cared for, washed, fed, clothed, supported, supervised, nursed, and taught. Some adults decide not to become parents. They don't want the problems and responsibilities of being a parent.	Set up a debate by dividing your group in half, one side for and the other against parenthood/marriage. The questions: Would you like to be a parent? Why? Why not? Would you like to marry? Areas to discuss include how marriage changes the life style for individuals, and how each parent changes his or her life style to take care of the baby and how both work hard and share responsibilities for its care.

Closing comments:

Suggested Review:

Ask the students whether they want to marry. Why? What problems might they have?
Ask whether everyone in the room is an adult. What makes them adults? How are adults different from children?

The four part filmstrip series, "Aging," can be used to review this unit.

Check yourself:

Have you been able to draw out the shy student?

Have you been reviewing at the end of each lesson?

Are you still modeling social behavior: how to greet someone when you come into or leave a room; what you chat about when you're with people; proper behavior during sessions; etc?

OVERVIEW OF NORMAL GROWTH AND DEVELOPMENT

1. INFANCY

Physical Characteristics: Small size; rapid growth; relatively large head; beginning sensory discrimination; little voluntary muscle control; often difficult to tell sex without seeing genitalia.

Mental Abilities & Skills: Learning to coordinate the nervous, muscular, and skeletal systems for all motor skills; learning how to use information from the senses.

Developing concept of body boundaries: who he or she is as separate from mother.

Social Skills & Relationships: Total dependence on parents for existence.

Parents are required to give a great deal of themselves while receiving little tangible return.

Parents are models for learning.

Emotional/Psychosexual Development: Develops feelings of trust and love through relationship with parents; limited responses, e.g. smile.

Primary concerns are meetiing basic needs for food, warmth, safety, love, and attention.

Psychosexual development begins in infancy with sensory integration, self-discovery.

2. CHILDHOOD

Physical Characteristics: Increase in size and development of body proportion. More developed muscles and central nervous system coordination.

Growth continues but less rapidly than in infant.

Physically there is little sexual development before puberty.

Mental Abilities & Skills: Learns how to talk, to use hands for play and for self-helping (eating, dressing, etc.). Has more control of muscles and can be toilet-trained; learns to hop, run, skip, etc.

Begins to understand sameness/difference, cause and effect. Starts to incorporate parents' and society's expectations of right and wrong.

Experiments and tests abilities.

Learns to share, play, and work cooperatively.

A child's knowledge about sexual differences and the creation of babies parallels cognitive development.

Sex-role identity is becoming established by age three, but the sex of other people isn't recognized until later.

Social Skills & Relationships: Increased independence and ability to separate although still needs constant supervision and guidance. Continues to look to adults for guidance and support, food, safety, physical needs.

Relationships develop with peers: early "parallel" play with little interaction is followed by increased sharing and interaction.

Same-sex friendships are a feature of middle childhood.

Increasing internal motivation and responsibilities within the family, e.g. setting table, picking up toys.

Emotional/Psychosexual Development: Expression of feelings is first physical--e.g. smiling and laughing, hugging, stomping feet or throwing things, crying--then verbalizations as language is learned.

Begins to evidence awareness of and concern for others' feelings.

Main interests are play and mastery of new mental and physical skills as well as continued gratification of basic needs.

Genital manipulation for pleasure is common, more so in boys than girls. Games involving undressing or sexual exploration are common by age 4.

3. ADOLESCENCE

[Adolescence is considered to be the transition between childhood and adulthood. The most outstanding event of the adolescent years is puberty. The onset of puberty is generally between the ages of 11 and 14 when the sex glands become active, stimulating many physical and emotional changes.]

Physical Characteristics: Full height is attained during this stage. Body assumes adult proportions.

Girl to woman:
1) body contours change
2) breasts develop
3) hips widen
4) hair develops under arms and in pubic area
5) menstruation begins
6) skin changes often bringing acne, increased odor, oily hair.

Boy to man:
1) body contours change
2) chest becomes broader
3) penis and testes increase in size
4) hair develops under arms, on face, and in pubic area
5) voice changes (larynx enlarges)

6) nocturnal emissions (wet dreams) begin
7) skin changes, often bringing acne, increased odor, oily hair.

Girls begin changes earlier than boys, but boys catch up by late teens.

These changes physically prepare boys and girls for parenthood. But physical maturity does not mean that they are ready to become parents emotionally, financially, etc.

Mental Abilities & Skills: Often characterized by an awkward period in which coordination can't keep up with growth. For many this evens out in late adolescence and physical abilities flourish. Others never become skilled in physical coordination.

Active time of mental development: formal education; discovery of personal interests and hobbies.

Often the teenager is frustrated that the changes of adolescence seems to take so long.

Social Skills & Relationships: Often a difficult time in relationships with parents as both struggle with the adolescent's vacillating needs for dependence and independence. Parents are concerned that their youngster not be drawn into situations beyond his capability for good judgment. The adolescent strives for reliance on himself alone. A time characterized by both loving and angry feelings.

Relationships with peers are now much more important. Sexual feelings and interest in the opposite sex heighten.

Increased responsibilities for themselves and household chores. Some begin jobs.

A time in which moral responsibility is tested. Wanting to be accepted is at times in conflict with ideas of right and wrong.

A time to learn from mistakes and successes.

Emotional/Psychosexual Development: Characterized by more intense emotions, rapid mood swings, more sensitive feelings and moodiness, increased sexual feelings. Often the individual does not understand these feelings or why they happen.

As relationships with others are a primary focus, there is often greater involvement in social and religious organizations, volunteer work, etc.

Also a time of self-scrutiny and self-doubt. The teenager is often displeased with his appearance, actions, life. Many teens are searching for identity and meaning for their lives; functional use of daydream and fantasies.

During and after adolescence there is a marked upsurge in sexual activity in both sexes. Homosexual behavior occurs as an isolated instance or transient phase during early adolescence in about 25% of boys and girls.

There are marked differences in boys' and girls' patterns of sexual behavior and their attitudes toward sex. Fewer girls have sexual intercourse but those who do are more frequently active. Boys generally have more sexual partners and seek sexual adventure whereas girls more often look for a romantic relationship and have an enduring sexual association. Most adolescents don't use birth control although nearly all have some knowledge of it.

Intensity and swing of emotions gradually levels off.

4. ADULTHOOD

Physical Characteristics: Basically unchanged after adolescence until the aging process becomes apparent.

Early adulthood is generally peak of physical development and ability.

A woman's body may go through the added changes of pregnancy and child-bearing.

In later adulthood, hormone levels drop in the sex glands of both men and women. Women experience menopause; ovulation and menstrual periods occur less regularly, then stop between 40 and 55. At that time women are no longer able to conceive children. Men, however, continue to be able to father children as sperm production continues.

Mental Abilities & Skills: Mental abilities also peak during this phase. It is an important time for development of job and work skills, for assuming total responsibility for self-care, and for helping others. It is important for each person to become as self-sufficient as possible.

Social Skills & Relationships: Relationships with others continue to be important, but the adult is generally more self-confident and does not feel a need to conform to peer pressure.

Most establish separate households and form lasting friendships and relationships. Many assume the responsibilities of marriage and caring for and raising children.

Relationships with parents improve. The previous parent-child relationship develops toward adult-adult relationship.

The adult has generally developed his own moral code as influenced by family, law, religion, and experience. He or she is responsible for his or her own actions and more responsible in relationships with others.

Emotional/Psychosexual Development: The whole range of human emotions is experienced in adulthood. The adult is generally more able to perceive and express his feelings in constructive ways. Concern for others' feelings remains important.

Sexual feelings continue but with less urgency than in adolescence.

The adult is better able to delay gratification.

5. OLD AGE

[The federal government has recently moved the mandatory retirement age from 65 to 70 years in recognition of our longer life span and more active adult years.]

Physical Characteristics: Overt characteristics of the aging process include greying hair, wrinkled skin, sagging muscles and breasts, loss of sensory acuity (vision, hearing, etc.)

The body takes longer to heal if broken or ill. Organs begin to "wear out." There is more susceptibility to physical illness.

The elderly move more slowly and are less limber.

Finally, the physical body wears out or succumbs to illness, and death completes the life cycle.

Mental Abilities & Skills: Some older people are active, productive, enjoy friends, etc. Others may become physically dependent and senile [diminished ability to remember or think clearly as a result of arteriosclerosis (hardening of the arteries) decreased oxygen supply to the brain]. Some continue to be self-sufficent, while some become dependent on others.

Social Skills & Relationships: Relationships with friends and family remain very important throughout life. Family relationships now center around siblings and their offspring or children and grandchildren.

Many feel it is important to maintain friends of all ages. Romance can still be of interest to the elderly.

Emotional/Psychosexual Development: In old age, the full range of emotions is still experienced, although their expression may be more subdued. Sexual interests and activity continue for many.

Some older people become withdrawn, moody, and lonely. In old age, a person may become more concerned with his or her body and the changes taking place.

Many find pleasure in recalling past activities and accomplishments.

Emotionally preparing for and making arrangements for death is also important.

UNIT III: SHARING YOUR FEELINGS

GOALS: A. Help develop greater awareness of their feelings and behavior.
B. Provide an atmosphere conducive to discussing feelings and behavior.
C. Help students identify appropriate ways to cope with feelings.
D. Help develop greater awareness of the needs and feelings of others.

Introductory remarks to leader-teacher:

Unit II should be reviewed before you begin this unit. Do this by asking the group if they can state two ways they've changed since they were children What are the disadvantages of being an adult and not a child? Do they know an elderly person, and if so, could they describe what it might be like to be an old person? How does the life cycle begin? How does it end?

Unit III will be one of the more difficult to teach. The concepts are abstract, and the mentally retarded have difficulty with abstractions. It will also be difficult to teach because many mentally retarded adults have grown up in environments where caretakers saw their responsibilities limited to physical care alone. These environments overtly and covertly punished those who expressed feelings and asserted themselves. They also suppressed individuality and fostered dependence. In this unit try to explore these areas. Aim to help the mentally retarded adult assume some responsibility for his or her own health and happiness, to be less dependent, less depressed, and less of a victim of his or her disability.

Digest the concepts and use the techniques that appear in this unit frequently in individual counseling and rap sessions. Take advantage of the teachable moment.

This unit will need time. Try to individualize all points. If you don't, they'll remain abstract ideas. You need to demonstrate how each point operates for each student.

171

172

UNIT III: SHARING YOUR FEELINGS

LESSON 1: BECOMING AWARE

OBJECTIVES: The students will be able to:

[1] Discriminate between happy, sad, angry, and scared feelings.
[2] Identify three ways they show their feelings (with words, tones of voice, or body language).
[3] Express these feelings in words.
[4] List three situations that make them feel angry or sad.
[5] List three situations that make them feel happy or glad.
[6] List three situations that make them feel scared or nervous.
[7] Identify two ways that they can help themselves feel happy and stay healthy.

RESOURCE MATERIAL:

Pictures from magazines or newspapers that show people expressing different feelings
Worksheet #16
* Filmstrip projector
* Filmstrip: "Get In Touch With Your Emotions"
* 16 mm projector and screen
* Film: "Board and Care"
* Discussion cards: "Got To Be Me"
Mirror

Note to leader-teacher:

In this lesson you will be helping mentally retarded adults increase their awareness of their feelings and develop skills so that they can express these feelings in mature, appropriate ways. They need to understand that feelings in themselves are neither good nor bad, but that behaviors that express feelings can be good or bad. Be sure to be non-judgmental so that students will feel safe and share their feelings and behaviors.

In this lesson role playing will be a very important activity. As you and the students role play the problem situations they are encountering in real life, plan on going a step further and rehearse alternative solutions to these problems. Everyone should be participating. The same situation can be replayed any number of times so that everyone can become familiar with it, experience it, and integrate it.

Opening remarks to students:

"Let's pull our chairs closer together. I want everyone to be able to see each other. That way we can know what everyone is feeling. That's going to be important today, because we are going to talk about our feelings. Right now, I feel ______________. How do you feel?"

MAIN POINTS

The leader-teacher will make these points:

1. It is important for everyone to try to stay healthy and feel happy.

To remain healthy you need: air, food, water, exercise, rest, a place to live, medical care.

To be happy you need: friends, job, love, fun, feelings of success.

When you are healthy and happy you smile and you want to do things. People like your company.

You should try to keep yourself healthy and help yourself feel happy.

You can do this by learning what makes you sick and what makes you happy or sad.

You show your feelings in the way you talk, look, and behave.

Your feelings are not always the same.

You cannot always feel happy/glad, sad/angry or scared/nervous.

Not everyone has the same feelings as you.

What makes you happy can make another person sad. (You are happy because you are going to the movies and your friend is unhappy because he doesn't want to go and must.)

ACTIVITIES

1. Go around the room and ask each person how he or she feels at that moment. Don't accept silence. After each student speaks, ask if what he describes is a good or bad feeling, right or wrong feeling. Correct those who don't understand that feelings are neither.

Here are some other questions:
What things or people make you feel happy? Describe the feeling.
Can you do anything to help yourself feel happy? What?
What do you think your body needs to grow and be healthy?
What do you do to keep your body healthy? Does anyone help you? Who?
How do you feel when you're sick? What do you do? To whom do you go?
How do you feel when you are unhappy? What do you do? To whom do you go?

Show filmstrip and use discussion cards "Got To Be Me."

Ask two students to tell the group about something they did that made them happy and someone else angry.

Ask the group if it is okay to be angry at someone they like. Explain.

UNIT III: LESSON 1 (cont)

MAIN POINTS

What makes you sad can make someone else happy. (Everyone is happy because they decided to bake cookies together. You are sad because you wanted to bake them alone.)

You can be angry at someone you like. (You can like your roommate and get angry at him because he throws things on your bed.)

Some feelings can be shared and some are private.

Sometimes we need to discuss our feelings with someone.

When you can't do this alone there are people who can help you: parent, doctor, caretaker, counselor, social worker, etc.

2. To feel happy everyone should learn to understand his or her feelings.

Everyone has feelings.

You have feelings.

You can have sad/lonely feelings (depressed, withdrawn).

You can have mad/angry feelings (upset, disappointed).

You can have happy/glad feelings (silly, proud).

You can have scared/nervous feelings (embarrassed confused).

You show your feelings in the way you talk, look,

ACTIVITIES

2. Show the filmstrip or watch a TV program without the sound. Have the students identify the feelings expressed by the cast and indicate their clues (body language or behavior). Magazine pictures can be used the same way.

One group member can also guess what others in the group are feeling and identify the clues.

Worksheet #16 will help identify feelings. Use a mirror so the students can see themselves expressing each feeling.

In the following list of words ask the students to identify whether the words describe happy, angry, sad, or scared feelings.

jealous lonely terrified jolly

MAIN POINTS

and behave.

People use many different words to describe different feelings (cheerful, lonesome, furious, anxious).

Your feelings are neither right nor wrong, good nor bad. They just are.

But how you behave when you express your feelings can be right or wrong, good or bad.

3. Sometimes your body helps you understand what you are feeling.

When you are sad/angry:
Your heart may beat fast.
You may cry;
Your stomach may become upset;
You may get a headache;
You may not be able to eat;
Your face may turn red.

When you are happy/glad:
You may smile or laugh;
You may want to talk;
You may feel like jumping;
You may feel tingly.

When you are scared/nervous:
You may feel cold;
Your heart may beat faster;
You may find it hard to talk;
Your hands or voice may tremble.

ACTIVITIES

excited
hateful
depressed
up
bored
anxious
panic
uneasy

fearful
down
moody
content
mad
relief
joy
shy

disappointed
cheerful
nervous
furious
ugly
playful
comfortable
worried

pleased
bashful
blue
beautiful
rejected
delighted
out of control
upset

3. Help each student identify recent experiences with his or her feelings. For example:

How did you feel when you came here today?
How did you feel when you were late for work?
How did you feel when you went to the dentist?
How did you feel when someone made fun of you?
How do you feel when you can't read? Make change?
How do you feel when someone you like smiles at you?
How do you feel when you receive your pay check?
What did you do?
How did your body show these feelings?

MAIN POINTS

4. The way you behave when you show your feelings is important.

If you are angry:
You should not hurt other people;
You should not break other people's things;
You should not throw things;
You should not scream or cry like a child;
You can say you feel angry;
You can say why you are angry;
You can begin to do something else to change your mood (do some carpentry, listen to music, take a walk).

If you are happy:
You should not tease other people;
You should not hurt other people to make yourself happy;
You can tell people you are happy;
You can tell them why.

The way you express your feelings can sometimes get you into trouble.

Behaviors that get people into trouble include: doing things without permission, lying and stealing, hurting others, screaming, breaking rules, crying like a baby, exposing yourself, using street language, running away.

Sometimes you will need help so that you can learn proper ways to express your feelings.

Sometimes you express your feelings properly and get angry and confused because other people misunderstand.

ACTIVITIES

4. Go around the room and ask everybody to tell about the things they've done that have gotten them into trouble. Ask why they did them so that you can identify the feeling. Also ask if they (or the group) can think of a better way of behaving that would not have gotten them into trouble.

Suggested situations for role playing:
A friend has taken your radio without asking.
How did you feel?
What did you do? Say? Show us.
How do you think the other person felt?
Could you have solved this another way?

Your counselor will not talk to you when you want her to.
Both you and your friend want to sit in the same seat and he pushes you away.
A person on the street calls you a stupid retardate.
A person at work tells the supervisor that you stole a pen.
A girl in the group home always wants to touch the private parts of your body and you don't want her to do this.
You want to buy some groceries and you need help to read the labels and prices.
Your dentist tells you that you need a tooth filled.
You are at a party sitting alone and watching everyone else sitting together having fun.

Since adults fight with words, use the problem situations presented by the students to help them learn to assert themselves. For example, help them learn to use these phrases at appropriate times and with conviction.
Stop!
I am Angry!

MAIN POINTS	ACTIVITIES
Adults stop and think before they show their feelings. They ask themselves, "What is the right way to do this?" Adults find ways to express their feelings in words. Adults respect other people's feelings.	Don't touch me! I want to talk to you! You hurt my feelings! I am scared! I don't understand! Don't leave me! I need help now!
5. Learn to know what triggers your feelings. You should know what/who makes you angry. You should know what to do when you are angry. You should know what behaviors get you into trouble: other people, breaking rules, jealousy, teasing, etc. You should also know what makes you happy.	5. Work with students to complete these sentences. Worksheet # 16 can be used to illustrate these basic feelings. Each student should have several opportunities to reply: I feel good (beautiful, funny) when ________. I feel sad (jealous, mad, ugly) when ________. I feel scared (bashful, nervous) when ________. Ellicit other feelings by using the discussion cards, "Got To Be Me."

Closing comments:

Suggested review:

Have the students complete these ideas:
I get into trouble when ______________________.
Everytime I think I might do something wrong, I should stop and __________.
The last time I felt happy (sad, nervous) was when I ____________.

The film "Board and Care is a very sensitive film illustrating many of the points of this lesson. You may want to show it to the students in a separate lesson.

Check yourself:

183 List three problems with which you would like help, and be sure to raise these in your training session: 184

______________________ ______________________ ______________________

UNIT III: SHARING YOUR FEELINGS

LESSON 2: UNDERSTANDING OTHERS

OBJECTIVES: The students will be able to:

[1] Identify two ways one recognizes sad, happy, angry, scared feelings in others.
[2] Identify two of his/her behaviors that can make another person sad, happy, angry, scared, and then identify the person and behavior.
[3] Identify two ways they might be able to help another person.

RESOURCE MATERIAL:

* Film "Board and Care"
* 16 mm projector
* screen
Magazine pictures of people expressing feelings

Notes to leader-teacher:

Remember to begin every lesson with a brief review of the previous lesson. The review should stress that everyone has feelings, that feelings are neither good nor bad and that how we express these feelings is important. It should also help the students understand what behaviors are acceptable and what behaviors can get them into trouble.

Understanding one's own feelings is only part of learning to get along with other people. Getting along with other people can be made easier if students can be helped to understand the feelings and needs of others. In this lesson, the needs and feelings of others are discussed, be they friends, roommates, parents, strangers, siblings, etc.

Again using real life situations is important. Specific problems that occur in group homes and workshops can be used to make these points concrete for the students.

Opening remarks to students:

"Last time we met, we talked about our feelings: what made us sad, happy, angry, and even scared. It made me wonder how much you knew about other people's needs and feelings. Do you think other people have needs and feelings too?"

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. Other people have needs and feelings.	1. Visual cues help discussions. From the daily newspaper or a magazine, clip pictures of people (individually or in a group) who are expressing feelings. Show each picture to the group and ask these questions: What is happening in the picture? How do you know? What are the people feeling? Have you ever felt like that? Do you think you could do something to make them sad, happy, angry or scared? What?
You have needs and feelings and so do other people (friend, parent, co-worker, sibling, counselor, supervisor, etc.).	
Other people feel anger, fear, and pleasure just as you do.	
Other people feel hurt or angry when you call them names or tease them.	
Other people feel angry when you ignore them or take their things without asking permission.	
Other people feel afraid when you threaten them, get them into trouble, or tell lies about them.	
Other people feel happy when you share things with them, help them, spend time with them.	
You want to express your needs and feelings and so does your friend.	
You want things done your way and so does your friend. Sometimes needs and feelings conflict.	
When this happens, adults work together to solve this problem.	
Remember, you can make others angry, scared, happy or sad.	

UNIT III: LESSON 2 (cont)

MAIN POINTS

Others can make you angry, scared, happy or sad.

2. It is important to understand other people.

Since we live and work with other people it is important to understand their needs and feelings.

Their needs and feelings are just like yours.

Other people want to be healthy and feel happy--just like you.

Other people want to be loved, have friends, have fun, have a job, and a home, etc.--just like you.

You can learn to understand other people.

You can learn to understand them by listening to what they say, and watching what they do, or how they look.

Sometimes it is hard to think about others when we are sad, happy, scared, or angry.

Adults who live and work together try to understand each other.

Adults who live and work together try to help each other.

Adults need people with whom they can talk, work, have fun, etc.

People need each other.

ACTIVITIES

2. Show the film "Board and Care." Discuss the feelings as expressed by the cast. Pay particular attention to those feelings expressed between father and son, young man and young woman, men in the bar, young woman and staff. Try to help the students relate these feelings to experiences in their own lives.

MAIN POINTS	ACTIVITIES
3. It is important to try to get along with other people. Since people live and work together, it is important to get along. You learn to get along with other people when you learn to understand their feelings. If people are happy, they are usually easy to be with. If people are sad and upset, they may be crabby and unpleasant. It is hard to be with crabby people. You should not make them feel worse. You can try to help. You can ask what is wrong. You can ask how you can help. People don't always want help. This can make you angry. People may think you want to hurt them and not help. This, too, can make you angry. Sometimes you can't help and must walk away. Sometimes friends (parents, siblings, etc.) fight.	3. Since the students are always interacting with others, ask them to discuss these questions in terms of specific problems they are having: Why is it important to get along with your family (roommate, supervisor)? What happens when you don't? Who is at fault? Why? Would you like it to get better? What could you do? Don't allow the conversation to become limited to you and one student. Everyone should be involved in trying to identify feelings, possible solutions, etc. It may help to rehearse different ways to solve these problems. Ask the group to identify specific people who can help them resolve their problems in relating to others.

UNIT III: LESSON 2 (cont)

MAIN POINTS	ACTIVITIES
Adults fight with words, not with their bodies. It is easier to get along with someone you like. It is easier to solve a problem with someone you like. It is harder to get along with someone you dislike. Adults try to get along with each other. There are people who can help you learn to get along with others.	

Closing comments:

Suggested review:

Ask students to answer the following questions:
Would you tease someone who said he was afraid to go to the doctor? Why? How could you be helpful instead?
I think people need other people. What do you think I mean?
Are you the only one who can have angry feelings? Explain.
I think it's important to get along with people. Do you? Explain.

Check yourself:

Have you continued to greet students when they come in? ______
Have you continued to chat with them? ______
Have you continued to direct their conversation toward each other? ______
Does everyone have a chance to participate in each session? ______
Are you finding ways to complement individual students? ______
Are you encouraging assertiveness? Self-confidence? ______

UNIT IV: ACCEPTING YOUR HANDICAP

GOALS: A. Identify basic physical, emotional, and mental handicaps.
B. Explain ways that handicaps influence a person's life.
C. Identify ways that people react to handicaps.
D. Explain common causes for handicaps.
E. Help students identify their own handicaps.
F. Explore the feelings of people who are handicapped.
G. Identify specific people with whom handicappped people can discuss their feelings and problems.

Introductory remarks to leader-teacher:

When you review Unit III, be sure your students understand that everyone has feelings and that this is okay; that when feelings conflict, adults discuss ways to resolve the problem; and finally, that if help is needed, certain people are available to help them. Also consider reviewing Unit I, lesson 4, "Individual Differences."

This unit focuses on handicaps. Students may have difficulty identifying themselves as people who have handicaps, especially the handicap of mental retardation. Some may not know what that term means. Some may say that they are slow or have a learning problem. Some may know and be angry. Many will deny it. Acknowledging physical handicaps is often easier than acknowledging the handicap of mental retardation because of the stigma society attaches to mental retardation.

Perhaps you will have difficulty telling the students that they are mentally retarded. If you are to help them, though, it is important to do just this so that they can understand why they are in a sheltered living or work situation and not living and working independently. Hopefully this honest, benevolent approach will help reduce their frustration and some of the shame and anger with which they live. Remember, our job is to help them find realistic ways to live with their handicap.

UNIT IV: ACCEPTING YOUR HANDICAP

LESSON 1: WHAT IS A HANDICAP?

OBJECTIVES: The students will be able to:

[1] Describe a handicap (disability) as a condition that sometimes makes it harder and sometimes makes it impossible for people to do certain things.
[2] Give one example of a physical, mental, and emotional handicap.
[3] Identify two common causes of handicaps.
[4] Acknowledge their handicap.

RESOURCE MATERIAL:
* 16 mm projector and screen
* Film: "People First"
Magazine and newspaper pictures of people with a variety of handicaps
Videotape "20 Is Plenty" (+)
Worksheet #6 and #13

Notes to leader-teacher:

In this lesson, in which the students are being asked to discuss handicaps and to accept themselves as handicapped people, it is important that they never lose sight of being people first. Although they are limited in certain areas by their handicap, they should be helped to develop a sense of what they can do, as well as what they cannot do.

Opening remarks to students:

"Today we are beginning a new topic. We are going to talk about handicaps. Does anyone know what that word means? ......Does anyone in this room have a handicap?........(Pause.)........You are all here because you do have handicaps and I am going to help you learn about your handicaps."

UNIT IV: LESSON 1 (cont)

MAIN POINTS

The leader-teacher will:

1. Develop an understanding of what a handicap means.

Handicap and disability mean the same thing.

A person with a handicap is someone who cannot do certain things that most other people can do, or who can only do them with difficulty.

A person who can do things without difficulty is called normal.

A person can be normal in some ways and handicapped in others.

Some people have more than one handicap.

Several people in one family can have the same handicap.

Not all handicaps can be seen.

Some handicaps last only a short time.

Some handicaps are permanent.

Permanent handicaps never go away.

Permanent handicaps can be helped.

A handicap is not contagious (catching).

A handicap is not something to be ashamed of.

Having a handicap does not mean you are not a good and lovable person.

ACTIVITIES

1. Help the students memorize the brief definition given here. Do this by having each one repeat it several times.

"Having a handicap means I cannot do, or have trouble doing, certain things that most other people can do."

The film "People First," or the video tape "20 Is Plenty," can be used at the beginning or end of this lesson either in introducing the lesson or in summarizing it.

After viewing the film or tape, lead the discussion with these questions.

What is the story about?
What types of handicaps do these people have?
What kinds of feelings do they discuss?
How are you like these people? Different?

MAIN POINTS	ACTIVITIES
2. Discuss three groups of handicaps. People can have a physical (body) handicap: They may not be able to walk/see/hear/speak. They may have poor coordination. They may not be able to eat certain foods. They may have epileptic seizures. They will need other people to help them. People can have a mental handicap: They may have problems reading and writing. They may have problems handling money and shopping. They may have problems speaking. They may have difficulty doing certain jobs. These people are mentally retarded. They will need other people to help them. People can have an emotional handicap. They may be very nervous and very anxious. They may be very sad and very depressed. They may be very shy and withdrawn. They may talk to themselves and do strange things. They will need other people to help them.	2. Place on the table pictures from magazines and newspapers that illustrate various types of handicaps. Ask the students to sort them according to whether they show physical, mental, or emotional handicaps. As they do this help them talk about their experiences with handicappped people. "Do you know a blind person? What did you have to do for your friend when he was in a wheelchair?" Introduce questions that will help the student become aware of another dimension of the handicapped person. For example: If that person can't see, does it mean he can't do anything else? If that person can't work, does it mean he has no feelings? No interests? No friends? If that person is mentally retarded, does it mean he is dumb? Can't learn? Can't be a friend? Can't work? Can't do anything?
3. Help the student identify his or her handicap. Everyone here is handicapped. Everyone here is a person who has a handicap. Everyone can do certain things and is unable to do other things. Everyone here is a good and lovable person.	3. Go around the room and ask each student to identify his or her handicap. As you do this, help each identify it as a mental, physical, or emotional handicap. If the student denies having a handicap, ask some leading questions: Do you wear eyeglasses? Wear a brace? Can you read? Travel independently? Do you have seizures? Are you taking medication? Do you have diabetes? High blood pressure? Heart problems?

MAIN POINTS	ACTIVITIES
	Do you work in a workshop? When you receive your answer, identify the handicap. Go around the room and as you call out the name of the student give his or her handicap. For example, "Our friend Bob has a physical handicap, seizures and a mental handicap, mental retardation. Is he a good and lovable person?"
4. Explain some causes of handicaps. Many people have handicaps. Many people never know what caused their handicap. A baby may be born handicapped if an egg or sperm is damaged. A baby may be born handicapped if the mother is ill during pregnancy or uses harmful drugs. A baby born too early (prematurely) may become handicapped. A baby injured during birth may become handicapped. A person may become handicapped if his or her brain is injured in an accident. Any person who uses drugs not prescribed by a doctor may become handicapped.	4. Go around the room again and ask all students if they know what caused their handicap. What do they think could have caused their handicap? Correct myths and misconceptions. Deal with feelings of guilt. Use worksheets # 6 and #13 to supplement this discussion.

Closing comments:

Suggested review:

"What are some of the things you learned today about handicaps?" Go around the group and ask each one to contribute.. Use pictures as visual cues. Be sure these points are eventually made:
They are people with handicaps.
Many people have handicaps.
Few people know the cause of their handicap.
Handicapped people are good and lovable people.
Handicapped people are capable in other areas.

Have each student repeat the simple definition of handicap as quoted in activity one.

After discussing individual handicaps, you may want the group to discuss their individucal strengths.

Check yourself:

Were you familiar with the whole lesson before you began?
Did you rush through the lesson or move slowly enough to allow for silences, questions, expressions of support, etc?
Has each student mastered the definition of a handicap?
Did students begin to acknowledge being handicapped?

LESSON 2: HOW DO HANDICAPS AFFECT PEOPLE?

OBJECTIVES: The students will be able to:

[1] Show two ways a handicap affects a person's life.
[2] Show two ways handicapped people affect those around them.
[3] Identify two ways a handicapped person might feel about themselves.
[4] Express their feelings about other handicapped people.

RESOURCE MATERIAL:

Magazine and newspaper pictures of people with a variety of handicaps

Notes to leader-teacher:

With this lesson, the student moves a step closer to looking at his or her life as a handicapped person.

Open this session by asking "Does anyone here in the group have a handicap?" Nurture the students along until they can say that they have a handicap. While you discuss other handicapped people and their emotional pain, you should send out a message that says, "We in the group understand and sympathize. We like you. It is safe to talk to us about your handicap and your feelings."

Opening remarks to students:

"Being handicapped is not easy. Most people don't understand what it's like. Why don't we begin by telling each other what it's like."

207

208

MAIN POINTS	ACTIVITIES
The leader-teacher will:	
1. Show how a handicapped person's life is different. Handicapped people can do some things for themselves. For other things, handicapped people need someone to help them. They may need a lot of help or a little help. Some blind people need someone to walk with them. Some deaf people need someone to explain in sign language what other people are saying. Some mentally retarded people need someone to help them read or shop. Some cerebral palsied people need someone to help them dress or eat. Most handicapped people cannot live alone. Many handicapped people need special equipment and people to assist them. Many handicapped people need more time to do things. For these reasons many handicapped people cannot hold regular jobs. Handicapped people can do some things for themselves.	1. Develop this point by beginning with the statement "You are handicapped." Then ask the group these questions: What kind of help do you need? What can you do without help? Name several common handicaps (amputee, blind person, mental retardation). Use magazine and newspaper pictures to illustrate these handicaps and ask the group to identify the kinds of help those people might need. Cover daily aspects of the person's life: eating, dressing, shopping, traveling, going to the movies, using the telephone, marriage, parenting. In another activity, blindfold students or bind their legs or hands and ask them to move about and talk to people. Let them experience the problems of physical handicaps. Discuss the feelings.

UNIT IV: LESSON 2 (cont)

MAIN POINTS

2. Talk about a handicapped person and his feelings.

Handicapped people are people first.

Like other people they can have pleasant or unpleasant personalities.

Some handicapped people are so angry they cannot enjoy people or enjoy doing things.

Some handicapped people are grouchy and grumpy. People don't want to be with them.

Some handicapped people are angry but still enjoy people and enjoy doing things.

Some handicapped people smile and are friendly, and people like to be with them.

Handicapped people may find it hard to talk about their handicap and their feelings. It is very painful.

They don't want to be handicapped.
They think it is unfair.
They don't like being handicapped.
They can feel sad, angry, worried, and scared.

Handicapped people should not be ashamed of themselves.

Handicapped people should not let people be rude or unkind to them. They should speak up.

Handicapped people are people with feelings.

ACTIVITIES

2. Ask your students to respond to these stories.

Some people think retarded people don't mind being called stupid.
What do you think?
What would you say if that happened to you? Show us.

A girl I know finds it very difficult to speak clearly. Sometimes I find her sitting in the corner crying.
I wonder why?
Do you know why?
How does it make you feel?
Is there something you can do? Show us.

MAIN POINTS	ACTIVITIES
3. Indicate how a handicapped person affects the lives of other people. Handicapped people need help and many different people help them. Handicapped people need more help than most people. Helping the handicapped requires time and patience. Not everyone wants to help handicapped people. Helping a handicapped person may be difficult. Some people get angry when they have to help handicappped people. People (parents, relatives, caretakers) who care about and care for handicapped people can also become tired and grouchy. Some handicapped people become sad and upset becaust they have to ask for help so often.. Some handicapped people are sad and upset because they feel they have made their families become unhappy and grouchy. Handicapped people feel sad and upset when people ignore them and are rude and unkind.	3. Present these situations (and others as they come to mind) for discussion. Allow each student to respond. A young man who is mentally retarded is looking out the window of his bedroom while his mother is sitting in a nearby chair crying. Why do you think she is crying? What do you think he is feeling? What can they do? A young woman has cerebral palsy. She can't use her hands. She wants to eat. What does she do? How do you think she feels? Who will help her? Ask the students to contribute experiences from their own lives: When have you had to ask for help? How did you feel? Did the person want to help you?
4. Discuss why some people are afraid of or uncomfortable with handicapped people. Many people don't understand handicapped people.	4. First have the group discuss these situations and then act them out including solutions. Remember, they should assert themselves in appropriate ways.

213

214

MAIN POINTS	ACTIVITIES
Many people think handicapped people are unable to do anything. Many people don't allow handicapped people to do things for themselves. Many people treat handicapped adults like children. Many people don't know about handicaps. Many people are afraid of handicapped people. Many people are afraid of things they don't understand. If they are afraid they may avoid or ignore the handicapped person. If they are confused or pity the handicapped person, they may also ignore or avoid him or her. Some people are mean, and they show their meanness by teasing, becoming impatient, and calling the handicapped person names. Many people don't understand handicapped people are people first. Handicapped people should not let people be mean or rude to them. Handicapped people should speak up.	You are in a department store waiting to pay for your purchase. The cashier ignoes you and takes everyone before you. How do you feel? What should you do? Show us. A man is sitting in a wheelchair in front of his house. A mother stops her little boy from talking to the man. Why do you think she did this? How do you think the man felt? Could he say something to her? Show us. You see a handicapped man on the corner. You start to walk toward him and see his face is twisted and dirty (or he has no arms). You stop. Why did you do this? In a nasty tone of voice a bus driver tells you to hurry and put your money in the box or get off. How should you respond? Show us.

UNIT IV: LESSON 2 (cont)

Closing comments:

Suggested review:

List three kinds of help handicapped people may need.
Are handicapped people good or bad?
Do you think handicapped people like being handicapped? Ask them to explain.
Show us how a man without both hands would eat and dress. What would he have to do? How do you think he'd feel asking for help?

Check yourself:

Are you continuing to find ways to stimulate, encourage, and support the students?
List some of the problems you would like to bring to the training group.

UNIT IV: ACCEPTING YOUR HANDICAP

LESSON 3: I HAVE A HANDICAP: MENTAL RETARDATION (MR)

OBJECTIVES: The students will be able to:

[1] Identify themselves as being mentally retarded.
[2] Express their feelings about being MR.
[3] Give two ways their handicap affects their lives.
[4] Give two ways their handicap does not affect their lives.
[5] Feel comfortable asking questions about MR.
[6] Explain their handicap to others in the group.
[7] State that MR people are okay.
[8] Identify people with whom they can discuss feelings and problems.

RESOURCE MATERIAL:

Worksheet # 16 and #13
* 16 mm projector and screen
* Films:"Board and Care" and "People First"
Videotape:"20 Is Plenty" (+)

Notes to leader-teacher:

In this lesson the students will look specifically at the handicap of mental retardation. They will be encouraged to ask questions and express their feelings about being MR. If they do not ask how it affects their lives in finding competitive jobs. living alone, marrying, etc., raise this question for discussion. When people can set realistic goals for themselves, it is easier for them to experience success and develop self-confidence. On the other hand, there will be times when the students should be encouraged to try some more difficult things even though they may fail. Learning how to accept failure is also a part of everyone's life.

Opening remarks to students:

"Have you ever been able to discuss your handicap with anyone? Raise your hand if you have. Have you wondered why you are mentally retarded? Raise you hand if you have. It is important for you to know (know more) about your handicap, and I'd like to help you learn."

UNIT IV: LESSON 3 (cont)

MAIN POINTS

The leader-teacher will make these points:

1. You are mentally retarded, and mental retardation(MR) is a handicap.

Mentally retarded people are handicapped because they have trouble doing or cannot do some things that most other people can do.

Mental retardation is a handicap involving parts of the brain.

The brain does many things: it collects information, holds it until it has to be used, solves problems, and helps nerves and muscles work together.

You are mentally retarded and you find it hard to learn, you learn slowly, and there are some things you cannot learn.

In addition to learning slowly, you may also move slowly and talk slowly.

You cannot see your handicap--it is not like a physical handicap.

Since you cannot see your handicap, it is hard to understand it.

Since other people cannot see your handicap, it is hard for them to understand it.

Not all mentally retarded people are alike.

Mentally retarded people may have other handicaps.

ACTIVITIES

1. Moving slowly and giving everyone a chance to talk, ask these questions to help the students look at their handicap:

Did you know you were handicapped?
What do you know about your handicap?
Have you ever been told you are mentally retarded?
What else do you know about mental retardation?
Do you know what caused your mental retardation?

Consider reviewing Unit IV, lesson 1, point 4, which discusses some causes of handicapping conditions and relate this to the above discussion with your students.

Help (coax) each student to say, "I have a handicap. My handicap is mental retardation."

Help each student memorize this simple definition which can be used to respond to rude people: I am a slow learner. It is hard for me to learn certain things. I am also a person and you have hurt my feelings. Stop!"

Use worksheets #6 and #13 to supplement your discussion of cause.

MAIN POINTS	ACTIVITIES
Epilepsy and cerebral palsy are also handicaps involving the brain. Many things can cause mental retardation: accidents, drugs, illness during pregnancy, problems at birth. People can be born mentally retarded or they can become mentally retarded later in life. Some people never know what caused them to be mentally retarded.	
2. You should understand what you can and cannot do. You are handicapped, so you have trouble doing or cannot do certain things that most other people can do. Few mentally retarded people can read or write, sew or knit, handle money, cook, travel independently, or drive a car. Most mentally retarded people can feed and dress themselves, help around the house, work in a workshop, talk to people, help other people, learn to travel to certain places, be a friend, enjoy television, movies, bowling, etc. It is important to know what you can do and what you need help to do. Asking for help is not easy since people don't always want to help. Always needing help can make you feel angry and like a child.	2. This little activity should help with reality testing. Ask each student in turn to tell you what kind of job he wished he had. Ask him if he thinks he can do that job. Involve the group by having them respond. "Do you think he can do that job? Explain." If it is a realistic wish, see that it is supported; if not, help show how it isn't realistic. Hopefully the group will do it for you. Ask the student how he feels when he hears people say he can't (or can) do the job in question. Encourage the other students to offer sympathy and support. Ask the students to share with the group what they do when they become upset about their handicap, or people's reactions to their handicap. Help the students identify the person with whom they can discuss these feelings. Rehearse asking for help.

MAIN POINTS	ACTIVITIES
Though it is hard to be handicapped, you should not be ashamed of your handicap or yourself. You should always try a little harder to learn a little more.	Some handicapped people use their handicap to avoid doing some things they can do but don't want to do. If you were a parent or staff person, what would you do about this. Role play the situation.

Closing comments:

Suggested review:

Ask the students to make believe that you're a nurse in a clinic, and that they just heard you tell another nurse, "The retardate will have to wait."

What does that mean?
How do they feel when they hear it?
What can they say to you?

Role play the situation.

Use either "People First", "Board and Care," or "20 Is Plenty" to illustrate the differences among people who are mentally retarded (handicapped) and ways handicapped people can normalize their lives. Be sure these points are made:

Handicapped people can do things.
Handicapped people can socialize, have friends and enjoy people.
Handicapped people have feelings.
Handicapped people can help each other.
Handicapped people should not be ashamed of their handicap.
Handicapped people are good and lovable people.

Check yourself:

Have your students become desensitized to being mentally retarded?
Do you feel they have mastered a way to respond to people who offend them?
Would it be helpful to repeat any part of this lesson?

UNIT V: EXPRESSING YOUR SEXUALITY

GOALS:
A. Provide accurate information about sex and sexual matters.
B. Provide a time and place where students are free to talk about sexual topics and the concerns they may have.
C. Help students understand differences in sexual feelings and expressions.
D. Develop an understanding of responsible sexual behavior.
E. Discuss sexual encounters (and exploitation) and ways to deal with these.
F. Help students understand human reproduction and birth control.
G. Discuss religious, social, and personal values as they relate to sex, love, marriage, parenting.
H. Identify people with whom students can discuss sexual issues.

Introductory remarks to leader-teacher:

Most parents and agencies have identified sexuality as their area of greatest concern because it involves complicated physical, psychological, economic, religious, and legal issues of a sensitive and controversial nature. While agencies and parents are exploring their own feelings and concerns, group living and mainstreaming are requiring staff to address sexual issues with the mentally retarded themselves and this is what we will do in this unit.

The previous units have provided a foundation for this one, "Expressing Your Sexuality," by stressing: you are an adult; certain behaviors are inappropriate for an adult; when you behave inappropriately there are consequences; you are responsible for your own behavior; you must learn to take more responsibility for your care; you must never force or hurt others; you have feelings, you must respect other people's feelings; you must obey rules that are made so that people can live and work together; you are handicapped and you need to understand the ways your handicap limits your life and affects those around you; there is no shame in being retarded.

Be sure to review Unit IV before you begin.

227

228

UNIT V: EXPRESSING YOUR SEXUALITY

LESSON 1: SEXUAL FEELINGS AND SEXUAL EXPRESSION

OBJECTIVES: The students will be able to:

[1] Identify sexual feelings and relate these to their own experiences.
[2] Differentiate between friendly feelings and sexual feelings.
[3] Indicate an appropriate way to deal with their sexual feelings.
[4] Recognize various types of sexual encounters and indicate ways to deal with these.

RESOURCE MATERIAL:

* Slide projector
* Slides: "Sexuality and The Mentally Handicapped"
Teacher's Reference, Unit V
* Mannequins and overlays (+)
* Jim and Mary dolls (+)

Notes to leader-teacher:

This lesson will help the student become aware that everyone has sexual feelings and that it is not necessary to respond to all our sexual feelings. The lesson points out the differences between sexual feelings and friendly feelings and explores various attitudes toward sex and different ways people express their sexual feelings. It is in this lesson that you will talk about masturbation, petting, intercourse, homosexuality, incest, etc. You will also help the student learn ways to deal with unwanted encounters.

Opening remarks to students:

"Today we are going to talk about sexual feelings and what people do when they have these feelings. If I use words you don't understand, stop me so that we can discuss what they mean. Sometimes we feel embarrassed but it is important to talk about these personal and private feelings."

MAIN POINTS

The leader-teacher will make these points:

1. Everyone has sexual feelings.

Men and women have sexual feelings.

Sexual feelings are tingly, warm sensations in the body, especially in the genital areas (private parts).

Pleasant body sensations start when we are children.

These sensations become sexual feelings when we grow up.

When men have sexual feelings their penis may become erect (hard).

Some men may have erections even when they don't have sexual feelings (e.g. occasionally before urinating).

When women have sexual feelings their nipples become erect (hard) and the vaginal area becomes wet.

Some people have sexual feelings more often than others.

These sexual feelings can start when we see nude bodies.

These sexual feelings can start when we kiss.

There are many street words to describe these feelings: horny, turned on, lit up, hard on, etc.

231 We cannot control when we have these feelings.

ACTIVITIES

1. In order to help the group identify sexual feelings and learn ways to deal with them, ask the following questions and present problem situations for them to resolve.

Questions:
What are sexual feelings?
How do you know when you have them?
What starts them?
Do you know any slang words for these feelings?
If a man has an erection in public, what can he do?

Situations:
You are walking down the street and begin to have sexual feelings. What do you do?
Someone is wearing tight-fitting pants at work. Seeing this excites you. What do you do? How do you think people should dress for work?
You are in bed and have sexual feelings. What do you do?

232

MAIN POINTS	ACTIVITIES
We can control what we do when we have these feelings. It is not necessary to respond to all sexual feelings. Sexual feelings and sexual behavior are private matters.	
2. Everyone has different attitudes about sex. People are different. Some people feel it is wrong to discuss sex; others don't. Some people are embarrassed to talk about sex; others aren't. Some people think sex is disgusting; others don't. Some people think it is important to discuss sex; we do. Some people have questions and worry about sexual things. Some people worry about things they don't understand. In this group we want to help you understand your body and feelings.	2. Help the students learn that most people are uncomfortable discussing sexual issues. Do this by discussing these questions with them: How do you feel about discussing sex in this group? With parents? In your living group? With your doctor or social worker? With whom could you discuss sex? How would you begin? Show us. What questions would you ask?
3. Sexual feelings and sexual behaviors are private matters. Everyone has sexual feelings.	3. Offer these problem-solving situations to your group. A woman watches a couple kiss. She becomes aroused. How does she know she is aroused? What should she do?

MAIN POINTS

Not everyone responds to these feelings.

Sexual feelings and sexual behaviors are private matters.

This means you cannot masturbate (rub your genitals) in public places.

This means you cannot kiss and pet in public places.

This means you cannot undress in public places.

This means you cannot have sexual intercourse in public places.

You are reaponsible for your behavior.

You can help yourself.

You can help these feelings go away:
You can put away the sexy pictures.
You can turn off the sexy movie.
You can find something else to do.
You can shower, exercise, do carpentry, or paint.

You can behave differently in private places.

You can masturbate when you are in a private place.

You can have sexual intercourse when you are in a private place.

In some homes (family homes, group homes, supervised residences, etc.) sexual intercourse or masturbation may not be allowed even in private places.

ACTIVITIES

A man shows his penis to you. What are your choices? What do you do? Show us.
You're in your living room and a girl and a guy are kissing and caressing. What are your choices? What can you do?

Help the students practice saying No! "No! That is not what I want."

Give three examples of other people's behavior that has bothered you. What did you do? What would you do if it happened again? Show us.

Have you found ways of dealing with your sexual feelings? Would you share these with us?

MAIN POINTS	ACTIVITIES
You are in a private place when you are alone in your bedroom or at home in your bathroom.	
You can get into trouble if you don't control your sexual behavior.	
4. Sexual feelings are different from friendly feelings.	4. Again, problem-solving situations are useful in teaching appropriate behavior: Two people are sitting together, one is talking the other is touching. How could the person who is talking handle this unwanted touching? Show us how you would stop someone from touching you when you don't want him or her to touch you. If you were a person who was touching, how would you react to a no? You are walking in the street and see a pretty child you don't know. You want to touch or maybe kiss the child. What should you do? Your boss has just come back from vacation and you greet him with a big hug and kiss. Is this right or wrong? How do you know whom to kiss or hug? What would be a more appropriate way to greet your boss? Your brother just gave you a lovely gift. How could you express your pleasure? Would a hug and kiss be appropriate?
Everyone has sexual feelings and friendly feelings.	
You have a friendly feeling when you are pleased to see someone.	
You have a friendly feeling when you want to help someone.	
You have a friendly feeling when you want to talk to someone.	
You have a friendly feeling when you want to do someone a favor.	
You express friendly feelings with a smile, words, a handshake, favors, gifts, etc.	
You can express friendly feelings in public places.	
You have sexual feelings when you have tingly, warm sensations in your body and genitals.	
You express sexual feelings with hugs, kisses, caresses, masturbation, and intercourse.	
You cannot express sexual feelings in public places.	

MAIN POINTS

5. People express their sexual feelings in different ways.

Everyone has sexual feelings.

People decide what they are going to do with these feelings.

Some people decide to express these feelings; others don't.

Some people play with their sex organs (masturbate) when they have sexual feelings; others don't.

Some people want to kiss and caress when they have these feelings; others don't.

Some people want to have intercourse when they have these feelings; others don't.

Some men hug and kiss and have intercourse with other men (homosexual); others don't.

Some women hug and kiss and caress other women (lesbian); others don't.

Most people want to express their sexual feelings with a person of the opposite sex.

Some people may never find a sexual partner.

Most people want to express their sexual feelings with a person they love.

Some people may never find someone to love.

Some people who are in love marry.

ACTIVITIES

5. Here are more problem-solving situations. Be sure to add other real-life situations from your student's experiences.

You are dancing and your partner keeps kissing you. You don't want to be kissed. What are your choices?

At the movies a stranger puts his hands on your sex organs. Should you allow a stranger to touch you? What are your choices? What do you do? Show us.

At the group home someone keeps rubbing up against you. You don't like this. What are your choices? What do you do?

Someone asks you to have sex . What are your choices? If you say no, how do you do this? If you say yes, what should you keep in mind? (The importance of privacy and birth control should be included in the discussion.)

You are in bed and have sexual feelings. What are your choices?

Your sister (father, mother, brother) climbs into bed with you. She begins to caress you. What is happening? What should you do? Show us.

MAIN POINTS	ACTIVITIES
Married couples enjoy and agree to express their sexual feelings with each other.	
People should not force others to have sex with them (rape). It is against the law.	
No one should have intercourse with parents, brothers, or sisters. This is incest and it is against the law.	
Sexual feelings are always expressed in private places.	
6. Many people express their sexual feelings by masturbating.	6. To help the students discuss masturbation use the slides from "Sexuality and The Mentally Handicapped." Relate these questions to the slides. What is the man doing? What is the woman doing? Will this hurt them? Does everyone masturbate? Should you masturbate at work? If so, when? If not, why not? Should you masturbate at home, at the movies, in the park, at a restaurant? If so, where. If not, why not? You can use the Jim and Mary dolls to demonstrate masturbation.
When you masturbate you rub (play with) your sex organs.	
People use street words to describe masturbation (jerk off, shoot your load, play with yourself).	
Men masturbate by rubbing their penis until it is hard.	
Men rub their penis until they have an orgasm.	
An orgasm is the feeling of greatest sexual excitement.	
Semen (a thick, white liquid) comes out of the penis at orgasm.	
Orgasm is the same in masturbation, wet dreams, and sexual intercourse.	

MAIN POINTS

ACTIVITIES

The body relaxes and the penis becomes soft after orgasm.

Women masturbate when they rub their clitoris and vagina with their fingers or hand.

Women rub their clitoris and vagina until they have an orgasm.

An orgasm is the feeling of greatest sexual excitement in the vagina and clitoris.

Women should not put foreign objects in their vagina when they masturbate.

Some men and women masturbate by rubbing their genitals against their bed.

Some men and women believe that masturbation can cause blindness, retardation, mental illness, harm the sex organs. This is not true.

Some men and women believe that masturbation is important to good health. This is not true.

Masturbation is neither harmful nor is it a necessity.

People who masturbate should only masturbate in private places.

UNIT V: LESSON 1 (cont)

Closing comments:

Suggested Review:

Ask the students to answer yes or no:
Is it okay for people to walk around their apartment in their underwear? Why?
A hug, kiss, and pat on the backside are ways to show friendly feelings. What do they show?
Is it okay to sit in the living room and masturbate? Where do you masturbate?
Is it true that some people don't like sex?

Check yourself:

Have you role-played enough situations so that students will know how to handle a variety of encounters at work, at home, on the street?

UNIT V: EXPRESSING YOUR SEXUALITY

LESSON 2: LOVE, SEX, MARRIAGE, AND PARENTHOOD

RESOURCE MATERIAL:

* Slide projector
* Slides: "Sexuality and The Mentally Handicapped"
Teacher's reference Unit V
Fresh eggs
Newspaper and magazine pictures
Worksheets #13 and #18

OBJECTIVES: The students will be able to:

[1] Distinguish between love and sex.
[2] Participate in a discussion of their ability to marry and act as parents.
[3] Use this lesson to ask questions and talk freely about love, sex, marriage, and parenthood.

Notes to leader-teacher:

The previous lesson was intended to help the students understand that sexual needs and feelings are different for different people and that all sexual behaviors are private matters. This lesson encourages the student to look at love, sex, marriage, and parenthood. Students should be given a chance to express their feelings (expectations, dreams, disappointments) on these issues, and they should also be encouraged to assess their ability to marry and to act as parents.

Every student should come out of the session with an understanding that people have different life styles, that each life style has its advantages and disadvantages and that people make decisions based not only on what they want but also on what is possible for them and how it affects others. Long and short-range effects are both considered.

Opening remarks to students:

"I've heard many people go around telling everyone they meet that they love them. I wonder if they really understand what that word means. What do you think the word love means?"

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. Love is a responsibility. Love means that you care very much for someone. Love means that you have very special feelings for someone. Love means that you want to do things for them. Love means that you want to be kind and gentle with them. Love means that you worry about them. Love means that you don't want them to get hurt. Love means that you want to take care of them. Everyone wants to love someone. Everyone wants someone to love him or her. Our feelings are hurt when we love someone and that person doesn't love us. Some men and women love each other and marry; others don't. When you love someone you must behave responsibly toward that person.	1. Going around the room, ask the students to discuss the difference between loving and liking a person. Some students may have loved someone (parent, friend, etc.) or have wished someone would love them. Encourage them to share these experiences good or bad. Ask them to differentiate between love for a parent, pet, lover, etc.
2. Sex is a responsibility.	2. Here is a group of problems for the students to solve:

UNIT V: LESSON 2 (cont)

MAIN POINTS	ACTIVITIES
Love and sex are not the same. Love means deep caring. Sex means having sexual intercourse. People can love each other and not have sex. People can have sex and not love each other. People can enjoy being together without having sex. Some people enjoy sex; others don't. When a man put his penis in a woman's vagina they are having sex. Everytime a man and woman have sex they can make a baby. People should not force other people to have sex. This is rape and it is illegal. People should not sell themselves for sexual intercourse. This is prostitution and it is illegal. People should not have sex if they have an infection (VD). People should know what to do if they want to have sexual intercourse and don't want to make a baby.	Two guys are talking on the bus. One guy is bragging about how he knocked up a girl. What does he mean? What type of person is he? Do you approve or disapprove of what he did? Arlene and Tim spend a lot of time together. Arlene asks Tim to have sex with her. What are his choices? Show us how he could say yes or no. Show us how she might react, and how she might feel in either case. Bob had sex with a prostitute. What is a prostitute? Could she have VD? Is prostitution illegal? Review worksheet #13 and #18.

MAIN POINTS	ACTIVITIES
They should use birth control. People should not have sex just to show off. People who have sex must behave responsibly.	
3. Marriage is a responsibility. Marriage is a special relationship between two people. Marriage is a promise to love and take care of someone. Marriage is a promise to live together and work together. Marriage is a promise to share sexual feelings. Marriage is a promise to share happy times and sad times. Being married is very different from being friends. Not everyone wants to marry. Not everyone wants this responsibility. Not everyone gets married.	3. Ask those students who think they want to marry to sit on one side of the room and those who don't to sit on the other. Help them talk to each other about the advantages and disadvantages of marriage. The discussion should include the skills a husband and wife should have, housing needs, finances, extended family considerations, legal and religious issues, medical problems, divorce, adultery, etc. Show "Sexuality and the Mentally Handicapped, Part VIII to supplement your discussion. At the end of the discussion ask if any students have changed their minds.
4. Parenthood is a responsibility. People who have children are called parents. People who have children have a responsibility.	4. Give each student an opportunity to answer this basic question, "Am I parent material?" Bring in newspaper pictures dealing with problems of parenthood. These should include problems in single parent

MAIN POINTS

Young children need constant care: diapering, feeding, supervision, care during illness, teaching, love, etc.

Older children need constant care: school, recreation, supervision, etc.

Not everyone wants children because they need so much care.

These people should not have children.

Not everyone can care for children.

These people should not have children.

Not everyone likes children.

These people should not have children.

People who want to be parents should be able to care for children.

Some handicaps make it difficult for handicapped people to raise children.

Some handicapped people are disappointed and angry because their handicap makes it too difficult for them to be parents.

Some handicaps can be passed from parent to child (inherited).

Handicapped people should know if their handicap can be inherited. (Genetic counseling.)

ACTIVITIES

families and problems relating to financial, medical, school, and housing issues. Discuss this with the group.

Show "Sexuality and the Mentally Handicapped," Part IX to supplement your discussion.

Let's try to help the students understand the never-ending responsibilities of parenthood and the fragility of infants and children. On the day of the session give each student an egg with a face drawn on it. Tell them it is their child and that they are responsibile for it all day. Tell them they must keep it with them as they go about their regular activities. Caution them that they cannot give this responsibility to anyone else. Ask them to bring their "baby" with them to the group meeting.

In the group session discuss individual reactions to this activity. These questions will help you bring out the responsibilities of parenthood.

Did anyone's egg break? How did it happen? Babies and children can also be hurt.

How did it feel to care for a "baby" all day? Babies and children need constant care.

What did you do with the "baby" when you ate, worked, etc? Babies and children cannot be left alone. Babysitters are not always available. Babysitters cost money. Babies can keep you from doing the things you want to do.

MAIN POINTS	ACTIVITIES
Many mentally retarded people cannot learn certain skills that parents should have. Many mentally retarded people decide not to have children.	

Closing comments:

Suggested review:

Ask the students whether they want to marry. Do they think they can?
Do they want to be parents? Do they think they can?
Does everyone have to marry and have children?
What are two ways that love and sex are different?

Check yourself:

Are the students sharing their feelings?
Do they understand that not all wishes come true?

UNIT V: EXPRESSING YOUR SEXUALITY

LESSON 3: HUMAN REPRODUCTION

OBJECTIVES: The students will be able to:

[1] Demonstrate an understanding of changes that occur during puberty.
[2] Demonstrate an understanding of intercourse and conception.
[3] Demonstrate an understanding of pregnancy and the birth process.
[4] Demonstrate an understanding of contraception, abortion, and sterilization.

RESOURCE MATERIAL:

* Mannequins and overlays (+)
Worksheets #13, #14, #15, #18, and #19
* Slides: "Sexuality and The Mentally Handicapped"
* Slide projector
* Contraceptive sample kit
Teachers reference Unit V
* Jim and Mary dolls (+)

Notes to leader-teacher:

In this lesson, you will discuss human reproduction, including conception, pregnancy, and birth. Before you begin, you should read the lesson and decide whether it would be helpful to separate the group by sex, and whether the leader-teacher ought to be of the same sex as the group he or she leads. Would single-sex groups make it easier for the women to discuss menstruation, menstrual hygiene, gynecological and breast examinations, etc? Would the men find it easier to discuss wet dreams, sexual feelings, intercourse, etc?

Begin the lesson with a review of Unit I, Lesson 2/3, which describes the reproductive system.

Opening remarks to students:

"We have talked about sexual feelings and the ways these feelings are expressed. We said that men and women have intercourse as a way of expressing sexual feelings and having babies. Today we will talk about becoming adult men and women, sexual intercourse, making a baby, and how a baby is born."

258

259

UNIT V: LESSON 3 (cont)

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. When girls mature they become women. Most girls begin to mature between 11 and 14 years of age Some girls mature early, while others mature later. Some girls mature quickly, while others mature more slowly. Most girls continue to mature until they are 16 years old. A girl develops sexual feelings as she matures. A girl has frequent mood swings as she matures. A girl's body changes as she matures. Every girl matures. Every girl matures differently.	1. Distribute worksheet # 15. Have the group identify the sex of the figures and indicate which is the baby, girl, young woman, and mature woman. Ask them to identify the figure that represents their age group.
2. A girl's body changes in many ways. Her body grows taller and her hips grow wider. Her breasts become larger. Her skin becomes oilier. Her body develops new kinds of odors.	2. Continue to use worksheet #15. Ask the group to compare the female figures: size, width, breast development, pubic hair. Point out what is omitted.

MAIN POINTS	ACTIVITIES
Hair grows under her arms and in the pubic area. She begins to have vaginal discharge. She begins to menstruate.	
3. Most women menstruate. Tissue (blood) builds up in the uterus every month. When this blood leaves the body, it is called menstruation. Menstruation is natural. Losing menstrual blood is not harmful. When a girl begins to menstruate, she is physically capable of having a baby. Most women menstruate once a month. Menstruation usually lasts three to seven days. Most women feel well and can participate in regular activities when they menstruate. Some women are different. Some women menstruate more than once a month. Some women menstruate less than once a month. Some women have cramps and backaches when they menstruate.	3/4. The next two points can be developed together and would be less awkward for the women if they were discussed in a woman's group and not a mixed group. Products dealing with menstrual hygiene are readily available. Display these on the table. Not everyone will be familiar with all the products. These products include: sanitary pads, tampons, rubberized panties, Midol, wash cloth and soap, etc. Encourage the women to examine these. Encourage them to share information about their menses. These are the questions to ask: What do you use? What is this? Have you ever tried __________? Are you regular? What do you do when you have cramps? Do you still menstruate? Use the Mary doll to demonstrate care during menstruation. Use the slides from "Sexuality and the Mentally Handicapped," (Part III, Female Puberty) to discuss these points.

MAIN POINTS	ACTIVITIES
Some women retain fluid and feel bloated when they menstruate.	
Some women feel moody when they menstruate.	
A woman should discuss these differences with her doctor.	
It is natural for a woman to stop menstruating when she grows older.	
Women who are 40-50 usually stop menstruating.	
4. Menstruation requires special care.	
Menstrual blood can stain clothes.	
Menstrual blood has a strong odor.	
Women who menstruate should protect their clothing.	
Women who menstruate should keep themselves clean.	
Washing the genitals daily with soap and water helps prevent body odors.	
Sanitary pads and tampons absorb menstrual blood and protect clothes.	
Sanitary pads and tampons should be changed 3-4 times each day.	
Menstruation is private.	
Sanitary pads and tampons are changed in private.	

MAIN POINTS	ACTIVITIES
Sanitary pads and tampons are wrapped and thrown in garbage pails. Good manners suggest that women do not discuss their menstruation in public.	
5. Women have vaginal discharges. Vaginal discharges are different from menstrual discharges. Most vaginal discharges are natural. Sometimes vaginal discharges are more noticable than at other times. Some vaginal discharges are signs of infection. Vaginal infections can cause itching, burning sensations, and swelling. Women who suspect they have a vaginal infection should see a doctor.	5. Many female students are uncomfortable telling parents or caretakers about unusual or irritating vaginal discharge. Use role play to help them overcome this. Ask one woman to play the part of the caretaker and another the part of a woman who suspects she has an infection. Repeat this several times so everyone can have a turn.
6. When boys mature they become men. Most boys begin to mature between 12½ and 16 years of age (onset of puberty). Some boys mature earlier, while others mature later. Some boys mature quickly, while others mature more slowly. Some boys will continue to mature until they are 18 years old.	6. Distribute worksheet #14. Have the group identify the sex of the figures and indicate which is the baby, boy, young man, and mature man. Ask them to identify the figures that represents their age group.

MAIN POINTS	ACTIVITIES
A boy develops sexual feelings as he matures. A boy has frequent mood swings as he matures. A boy's body changes as he matures. Every boy matures. Every boy matures differently.	
7. A boy's body changes in many ways. His body grows tall and his chest grows wider. His voice becomes lower and deeper. His skin becomes oilier. His body becomes more muscular. His body develops new kinds of odors. Hair thickens on his arms and legs. Hair grows on his face, chest, and pubic area. He begins to have bodily feelings: sexual feelings. He begins to have erections related to sexual feelings.	7. Continue to use worksheet #14. Ask the group to compare the male figures: size, width, height, hair growth, etc. Point out what is omitted.
8. Many men have wet dreams. Wet dreams are sexually exciting dreams. Wet dreams are natural.	8. This point would be less awkward for the men if they were able to discuss it in an all male group. Use the slides from "Sexuality and the Mentally Handi-

MAIN POINTS	ACTIVITIES
Wet dreams cannot be controlled. During sexually exciting dreams, the penis becomes hard and semen comes out of it. Semen is a white, thick, sticky fluid. Semen is made in a man's sex organs. Semen comes out of the penis during a wet dream. Semen comes out of the penis during intercourse. Semen comes out of the penis when a man masturbates. Semen contains sperm. Semen soils night clothes and bed clothes. Soiled clothes should be laundered. Washing the genitals with soap and water washes away the semen and prevents body odors.	capped," Part II to discuss male puberty and wet dreams.
9. Men and women have sexual feelings. Sexual feelings are warm tingly body sensations. Sexual feelings are natural. Women have their strongest sexual feelings around the clitoris and the vagina. Men have their strongest sexual feelings around the	9. Continue to use the slides as a way to encourage your group to discuss sexual feelings. Select slides from Parts II, III, and V. Be sure these questions are discussed: What can the individual do when sexual feelings occur in public places? Is sexual intercourse the only way to express sexual feelings? Do our parents know we have sexual feelings? How can we talk to them about this? If sexual feelings should be expressed in private places

MAIN POINTS	ACTIVITIES
penis and testicles. Men and women cannot control their sexual feelings, but they can control what they do when they have these feelings. Sexual intercourse is one way men and women can express their sexual feelings. Sexual intercourse is also the way men and women make babies (reproduce). Whenever men and women have sexual intercourse they risk making a baby. Some men and women don't want to make babies. These men and women can decide not to have intercourse. These men and women can decide to use contraceptives.	why do movies and TV programs show people expressing their sexual feelings in public? If I shouldn't expose my body in public why do magazines show pictures of nude people? If sexual feelings are so natural why can we get into trouble for expressing them? Use the Jim and Mary dolls to show the group where sexual feelings are felt.
10. A man and woman are both needed to make a baby. When a man places his penis in a woman's vagina they are having sexual intercourse. When a man and woman have intercourse, sperm leaves the man's body and enters the woman's vagina. The man's sperm travels up the vagina to the woman's egg. When the sperm joins the egg (fertilization), the egg begins to grow.	10. Using the mannequins and overlays ask the group to identify the vagina, uterus, and penis. Then ask them to describe their function. In order to be sure the students understand the words you will use, ask them to define: fertilization, fetus, baby, egg, and sperm. Distribute worksheet #13. Use the Jim and Mary dolls to show how a man and woman make a baby.

MAIN POINTS

The growing egg is called a fetus.

The fetus grows in the uterus (womb).

11. A woman is pregnant when her uterus has a growing egg.

A woman does not menstruate when she is pregnant.

When a woman misses her regular menstruation she may be pregnant.

When a woman is pregnant, she may feel nauseated and her appetite may change.

When a woman is pregnant her breasts may feel tender.

If a woman thinks she is pregnant she should see a doctor.

A pregnancy test (blood or urine test) will tell the doctor if a woman is pregnant.

A woman is pregnant for nine (9) months.

During this time the fetus grows in the uterus.

In the beginning the fetus does not look like a baby.

After four (4) months the fetus begins to move and kick inside the uterus.

A fetus is nourished through a tube (umbilical

ACTIVITIES

11. Show slides from "Sexuality and the Mentally Handicapped," Part V. Ask questions to help your group understand how and where the fetus develops:

Where is the fetus?
What changes do you see in the woman's body?
How do you think the fetus is fed?
Does everyone have a navel (belly button)? Why?
How can a woman be sure she is pregnant?

The mannequin overlays will show the fetus at various stages in its development. Show these to the group and ask them to point out the physical changes.

MAIN POINTS

cord) connected to the mother (placenta).

After birth the navel (belly button) shows where the baby was once attached to its mother.

Some fetuses do not develop as they should.

These fetuses may die and leave the woman's body too soon.

This is called a miscarriage.

A miscarriage before twelve (12) weeks is called a spontaneous abortion.

12. A pregnant woman needs special care.

She needs to be seen regularly by a doctor or clinic (pre-natal care).

She needs to protect herself and the fetus from injury or infection.

She should not take medication unless prescribed by her doctor.

She needs rest, exercise, and a good diet.

Some pregnant women feel well; others don't.

Some pregnant women feel happy, energetic, and radiant.

Some pregnant women feel nauseated and tired.

ACTIVITIES

12. Continue to use the slides, PartV, and the question format:

How do you know this woman is pregnant?
If pregnancy is not a sickness, why does a woman need medical care?
What care does a fetus need?
Why are some pregnant women happy and others sad?

MAIN POINTS	ACTIVITIES
Some pregnant women feel unattractive and moody. During pregnancy a woman's body changes. Her uterus and abdomen stretch. Other organs move aside to make room for the growing fetus. She will need to urinate more frequently. She may become constipated. She will gain weight. Her breasts will become larger.	
13. When a baby is ready to be born, a woman's body goes into labor. When the fetus is ready, muscles begin to push it through the vagina (birth canal). When the muscles begin to work, the woman is in labor. Labor can last many hours. Labor is painful. Labor pains feel like very severe menstrual cramps. Sometimes medication is given to ease the pain. Many women learn how to help themselves and their baby during labor.	13. Continue to use the slides, Part V. Begin the discussion of each slide with, "What is happening in this picture." This will allow you to build on what they already know and to correct myths and misconceptions. Use the Jim and Mary dolls to demonstrate birth and delivery. Some students will want to know where a Cesarean section is performed. Show them. Explain why it is done.

MAIN POINTS	ACTIVITIES
These women learn how to control their muscles and their breathing. The vagina stretches like a rubber band to let the baby through. A doctor or midwife helps the mother deliver the baby. In some cases the baby is removed from the uterus by surgery (Cesarean section). When a baby is developed but leaves the mother's body before nine months it is a premature baby. Premature babies need special care.	
14. Most newborn babies are healthy. Most newborn babies have no special problems; Some newborn babies are not properly formed. Some newborn babies were injured in the uterus. Some newborn babies were injured during birth. Some newborn babies are born prematurely. As these babies grow, they may have special problems. Some may have learning problems (mental retardation, learning disabilities).	14. Have the group list some problems some newborn babies might have. Indicate which are serious and which are not serious. Add to their list. Where possible, relate the problems listed to the handicaps within your group. Consider these questions for group discussion: Can a doctor tell if a baby will be born handicapped? How? Why can't all handicaps be discovered at birth?

MAIN POINTS

Some may have physical problems (cerebral palsy, hearing, etc.).

Some may have no problems.

Not all problems are discovered at birth.

Some problems are first discovered as the baby grows and begins school.

15. Whenever men and women have sexual intercourse they risk making a baby.

Some adults want to have a baby; others don't.

Adults who don't want to make a baby can use birth control.

Doctors help adults select the best birth control method.

Using birth control will prevent the sperm from joining the egg.

Contraceptives are one form of birth control.

Contraceptives that women can use include: contraceptive creams, foams, or gels; IUDs (intrauterine devices); the diaphragm; birth control pills; or rhythm method.

A doctor must prescribe the IUD, the pill, or the diaphragm.

Birth control pills are taken by mouth daily.

An IUD is inserted in the uterus.

ACTIVITIES

15. Place the display of contraceptives on the table for the group to examine them. Ask them to identify each form of contraceptive and explain how it is used.

Slides from "Sexuality and the Mentally Handicapped," Part VI, can also be used.

Some students may suggest other means of birth control which are unreliable, unsafe, and untrue. Correct these.

Distribute Worksheet #18 and discuss each picture.

MAIN POINTS	ACTIVITIES
The diaphragm, contraceptive creams, foams, or gels are used in the vagina. Contraceptive creams, foams, or gels can be bought in drugstores. Condoms are contraceptives for men to use; they fit over the penis. Condoms are bought in drugstores. Withdrawal and douching are not birth control methods.	
16. Sterilization is a birth control method. Some men and women may decide to be sterilized. Men and women who don't want to make a baby may decide to be sterilized. Men and woman who don't want to use contraceptives may decide to be sterilized. Men are sterilized when the tubes carrying the sperm to the penis are cut and/or sealed (vasectomy). This is done by a doctor. After sterilization semen with no sperm in it will come out of the penis during masturbation and intercourse. Women are sterilized when the tubes carrying the eggs to the uterus are cut and/or sealed (tubal ligation). Women are also sterilized when the uterus is re-	16. Distribute worksheet #19. Let your discussion of sterilization evolve around these questions: Why do some adults ask to be sterilized? Is sterilization painful? What does the doctor do when he sterilizes you? Is the operation the same for a man and a woman? After sterilization, do you still have sexual feelings? Can sterilization be reversed? Why are some people opposed to sterilization? Use slides #43 and #44, Part VI, from "Sexuality and the Mentally Handicapped" to show a vasectomy and tubal ligation.

MAIN POINTS	ACTIVITIES
moved (hysterectomy).	
These are done by a doctor.	
Adults who are sterilized will never be able to make a baby.	
Adults who are sterilized can still have sexual feelings.	
Adults who are sterilized can still have sexual intercourse.	
Many states have laws that decide who can and cannot be sterilized.	
17. Pregnant women who don't want to have a baby may decide to have an abortion (therapeutic, elective).	17. Use these questions to help the group develop their understanding of abortion. What happens during an abortion? Can a woman remove the fetus herself? Is there a difference between an abortion and an adoption? Why does a woman decide to have an abortion? Why are some people opposed to abortions? Why are some people in favor of abortions?
During an abortion the doctor removes the fetus so that it will not continue to grow.	
Most abortions are done in a hospital or a special clinic.	
Abortions must be done before the 24th week of pregnancy, preferably as early as possible.	
Some states may restrict abortions.	
Some people are opposed to abortions.	
Pregnant women who don't want to keep their baby, but don't want to have an abortion can release their baby for adoption.	

Closing comments:

Suggested review:

Are menstruation and masturbation the same? Ask the students to explain the difference.
When a man or woman becomes sexually excited, what happens to his or her body?
Who is responsible for using contraception?
What is the difference between fathering a baby and being an adequate father
What is the difference between being a mother and mothering adequately?
Ask the students what they think about the fact that in our society marriage is considered to be important before having a baby.

Check yourself:

This was an important lesson.
Did you move slowly?
Did you allow time for questions?
Did you allow time for moral and legal issues to be discussed?

TEACHER'S REFERENCE UNIT V

Refer to the teacher's reference, Unit V, for information on reproduction and reproductive organs.

Abortion: The termination of pregnancy before the 24th week when the fetus is capable of sustaining life as a newborn. Abortions can be spontaneous or elective.

Adolescence: The period that begins with puberty and lasts until maturity. Maturation is a gradual process that varies among individuals.

Adoption: A legal process that declares an adult to be the parent of a child not born to him or her.

Arouse: To excite someone sexually (turn on, excite, light up).

Birth Control: The regulation of conception. Regulation can be achieved by the use of contraceptive devices for men or women and by medicines. Sterilization, abortion, and abstinence at certain times are also means of regulating conception.

Bisexual: A person with imperfect genitalia and characteristics of both sexes in one person (hermaphroditic). A bisexual person is someone who participates in sexual relationships with persons of the same sex as well as persons of the opposite sex.

Cesarean Section: The delivery of a fetus by means of a surgical incision through the abdomen into the uterus. The most frequent cause for this is an abnormally small maternal pelvis or abnormally large fetus or a combination of the two (C-section).

Contraceptive: The agent or device used to prevent pregnancy and applied before sexual intercourse.

For men: A condom is a thin, flexible sheath worn over the penis to prevent sperm from entering the vagina. It can also be used to help prevent venereal disease. Condoms are 90% effective when used as the means of contraception. (Rubber, safe, prophylactic.)

For women: Vaginal creams, foams, or gels are spermatocides that contain a chemical agent that kills sperm on contact. Spermatocides when used alone are 78% effective. This form of contraception is not recommended for use by the mentally retarded. When spermatocides and condoms are used together , effectiveness increases to 95%.

The diaphragm is a latex rubber cap placed inside the vagina to cover the mouth of the uterus. It is used with a spermatocidal cream or gel. This contraceptive is not recommended for use by the mentally retarded because they would probably have difficulty inserting it properly.

Intrauterine Devices or IUD's are small plastic loops, coils, or small copper-wrapped shapes resembling 7's or T's. A physician inserts an IUD into the uterus. It must be checked periodically. It is recommended for use by the mentally retarded because it does not rely on skill or judgment.

Birth control pills prevent pregnancy by stopping the woman's ovaries from providing the egg. They must be taken daily. Only physicians should prescribe birth control pills. They are not recommended for use by the mentally retarded unless they are capable of following directions.

The rhythm method requires abstinence from sexual intercourse for a set number of days before and after the time of ovulation. It is not recommended for the mentally retarded.

Embryo: The child developing in the uterus from the time the fertilized egg is implanted, through the eighth week of pregnancy.

Fertilization: The impregnation of the ovum (egg) by the spermatozoon (sperm) of the male, which usually takes place in the fallopian tube. (Synonym: conception.)

Fetus: The child developing in the uterus from the eighth week of pregnancy to birth.

Heterosexual: A person who is sexually attracted to or has sexual relations with persons of the opposite sex.

Homosexual: A person who is sexually attracted to or has sexual relations only with persons of the same sex. (Male--gay, fag, faggot, pansy. Female--lesbian, dyke, les.)

Incest: A sexual act between persons so closely related that marriage is illegal.

Labor/delivery: The physiological process by which the fetus, placenta, and membrane are expelled through the vagina from the mother's uterus at birth (childbirth).

Masturbation: The stimulation or manipulation of the sex organs to produce an orgasm (jerk off, play with yourself, pleasure).

Miscarriage: The spontaneous expulsion of the fetus between the 4th and 7th month of pregnancy.

Nocturnal emission: The involuntary discharge of semen during sleep which often occurs in conjuction with sexually exciting dreams (wet dreams).

Orgasm: The intense and pleasurable body sensation experienced during sexual intercourse or masturbation. The male ejaculates (discharges) semen and the female experiences muscular contractions (climax, come, shoot off).

Placenta: The spongy, blood-rich tissue that develops within the uterus during pregnancy to nourish the fetus. It is connected to the fetus by the umbilical cord. It is expelled from the uterus after delivery of the fetus (afterbirth).

Pregnancy: The condition of carrying a developing embryo/fetus in the uterus.

Premature: The birth of infants prior to the 38th week of pregnancy and/or when birth weight is less than five (5) pounds.

Prostitution: The act of selling oneself for sexual activities. Prostitution is against the law.

Puberty: The time when male/female reproductive organs begin to mature.

Female: Reproductive organs are formed before birth and are inactive until puberty when hormones from the pituitary gland stimulate the ovaries to develop eggs and hormones known as estrogen and progesterone. The earliest signs are budding breasts and then pubic hair develops and approximately a year later menstruation begins. Most females begin to menstruate at 11 years. Generally mentally retarded females begin menstruation later. Preparation for menstruation should begin at the first signs of puberty.

Male: Reproductive organs are formed before birth and are inactive until puberty when hormones from the pituitary gland stimulate the testes to produce sperm and hormones-testosterone and androgen. The prostate glands and seminal vesicles also begin to produce semen. The manufacture of sperm and semen are an ongoing process.

Rape: The act of forcing another to engage in sexual intercourse. Rape is against the law.

Sex education: The instruction in matters relating to sexuality, which includes sexual intercourse, reproduction, contraception, feelings, attitudes, and relationships.

Sexual intercourse: The act of putting the penis into the vagina. It is also known as copulation or coitus (hump, screw, fuck, get laid, make it, have sex).

Sexuality: A concept that relates to a person's attitudes, feelings, and behavior as a male or female person.

Sexy: A behavior that aims to excite someone sexually.

Sterilization: A procedure that renders a man or woman incapable of having a child. It is a permanent method of birth control for men or women. In sterilization the reproductive glands (ovaries or testes) aren't removed. It is not castration. It does not interfere with sexual feelings or the ability to perform sexually.

For a man: Vasectomy. This minor surgery is usually done in the physicians office or clinic, using local anesthesia.
The physician makes one or two small incisions in the scrotum through which the sperm-carrying tubes (vas deferens) can
293 be cut and closed so sperm can no longer go from the testes to the penis. After the operation the testes continue to
produce sperm which are then absorbed by the body. Semen continues to be produced and ejaculated during sexual climax. 294

After a vasectomy there are no sperm in the semen.

For a woman: Salpingectomy (tubal ligation). This is the closure of the egg-carrying fallopian tubes. It can be done by a variety of surgical procedures and may require local or general anesthesia and hospitalization ranging from a few hours to a few days. Laparotomy and mini-laparotomy are procedures involving abdominal incisions. Laparoscopy involves a small incision below the navel to seal off the fallopian tubes (belly-button surgery). A tubal ligation can also be performed through the vagina. Since no gland or organ is removed, female hormones are still produced and the menstrual cycle continues.

A hysterectomy can also sterilize a woman because it removes the uterus. Hysterectomies, usually performed for medical reasons, result in sterilization but are not done for that reason alone.

Umbilical cord: The attachment connecting the fetus with the placenta that is surgically cut at birth. The stump of the cord heals to become the baby's navel or umbilicus (belly button).

UNIT VI: RELATING PERSON TO PERSON

GOALS:

A. Help students understand that people need other people to survive and enjoy life.
B. Help students understand that each person is responsible for getting along with other people.
C. Identify sepcific interpersonal problems and work on ways to deal with these.
D. Enhance self concepts by developing a sense of belonging (group identity) and being needed.
E. Help students understand how rules help people get along.

Introductory remarks:

Unit V was a very important unit. Be sure to review it before turning your attention to "Relating Person to Person."

It is important to have friends, to be liked, and to get along with people at work and at home. Most mentally retarded adults need help in learning how to achieve this. In this unit, you will have the opportunity to help the individuals in your group to identify the particular interpersonal problems that affect their relationships and to help them understand what they can do to avoid, resolve, or decrease these problems. You will also work to give them a realistic sense of personal competence in their ability to communicate with others and to intercede on their own behalf. Their strength will come from their realistic understanding of a situation and the confidence that comes with success and your support.

For some mentally retarded adults, this will be a departure from their training (covert conditioning). Most are accustomed to using staff and parents as extensions of themselves in interacting with the world. Allowing them to do this reinforces their sense of vulnerability and dependency.

Kepp these points in mind when helping the group to develop a system for problem solving: "Stop! Think! What was the problem? How did you react? What did the other person do? What are the rules? What are the choices? Are they realistic? For each choice, what are the possible consequences? What might you do differently in the future? Show us."

UNIT VI: RELATING PERSON TO PERSON

LESSON 1: RELATING TO PEOPLE

OBJECTIVES: The students will be able to:

[1] List two ways that they depend on other people.
[2] Identify two groups to which they belong.
[3] Identify how rules are made in these two groups.
[4] Identify two rules they don't like or don't understand.
[5] Specify two things they can do to try and get along with others.

RESOURCE MATERIAL:

Magazine and newspaper pictures of a variety of group settings
* 16 mm projector
* Film: "People First"

Notes to leader-teacher:

In this lesson, you will begin to help students develop an appreciation of their need for and dependence upon others (interdependence). You will need to understand that many students have problems relating to others because of poor impulse control (an inability to delay gratification); intellectual limitations that interfere with their ability to understand cause-and-effect relationships; frustrations related to problems in verbal communication; limited understanding of the rights, freedoms, and responsibilities of adults (and individuals); and an inability to comprehend the complexities of the administrative systems of the various agencies in their lives. In some situations the student may be the victim of a system, a particular situation, or a particular person. When this is true, be careful not to use the mentally retarded adult to fight battles that he or she is ill-prepared to handle.

Opening remarks to students:

"In the next few sessions, we are going to talk about living with people and getting along with them. Did you know that everyone in this room needs other people in order to stay alive? Since you agree with me ______________, tell the group why you think people need other people in order to live."

MAIN POINTS

The leader-teacher will make these points:

1. Everyone needs to get along with other people.

Everyone needs other people to help him or her stay alive.

Everyone needs other people to help him or her stay healthy.

Everyone needs other people to help him or her feel happy.

Everyone needs other people.

Everyone must get along with other people.

This means you and me.

When you help someone, you are trying to get along with that person.

When you try to understand someone, you are trying to get along with that person.

When you do things for someone, you are trying to get along with that person.

When you avoid fighting with someone, you are trying to get along with

When you obey rules, you are trying to get along with others.

When you avoid insulting people, you are trying to get along with others.

ACTIVITIES

1. General questions for discussion:
   Do you think you could survive without help from other people?
   What do you need from other people?
   Why do you think you should try to get along with other people?
   What do you do to get along with other people?

MAIN POINTS

When you cooperate with others, you are trying to get along with them.

You need other people.

Other people need you.

You need to get along with other people.

2. Groups help people help each other.

Everyone belongs to more than one group.

You belong to more than one group.

You live in a group.

You work in a group.

You have fun in a group.

3. Not all groups are alike.

There are small groups and large groups.

There are groups for men, women, children, adults.

Some groups last a long time (family, religious, business).

Some groups last a short time (party, vacation, sight-seeing).

Some groups change when a person is added or moves away, or when staff transfers or staff leaves.

ACTIVITIES

2/3. Points 2 and 3 can be developed together.

Go around the room and ask each person to identify the groups to which he or she belongs.

Go around again and have them describe it by sex, size, purpose.

Go around a third time and help them identify themselves in these groups. What do these groups give to them? What do they contribute to the group?

Newspaper and magazine clippings that show people involved in various groups can be used to stimulate discussion. Put these on the table and have several students select one and tell the others what kind of group is shown in the picture. Ask them to tell what is happening.

MAIN POINTS	ACTIVITIES
Change can bring problems. In work groups people help each other do a job (factory, farm, store, hospital). In family groups people help care for each other (cook, earn money, share chores). In social groups people help each other have fun (bowl, party, ball game). In religious groups people help each other worship God. In educational groups people help each other learn. In hospitals, groups of people help care for the sick. It is important to get along with the people in your group.	
4. Rules are made to help people get along with each other. People need other people. People need to get along with other people. Groups help people help each other. Groups work well when people get along. Rules are made to help the people in a group get along.	4. Go around the room again and, using the groups listed by the students, ask how rules are made in each of these groups. Then ask which rules can or cannot be changed. Review with the group how rules were made in this group. Discuss with the group the penalties for breaking rules. Be sure to include what happens when rules are broken in this group.

MAIN POINTS

Different groups have different rules.

Everyone learns different rules for different groups.

Every group has its own way of making rules.

In some groups one person makes all the rules.

In other groups people share in making the rules.

Sometimes rules can be changed (bed time, supper time).

Sometimes rules cannot be changed (killing, stealing, staying home alone).

People can get into trouble when they break rules.

It is difficult to obey rules we don't like/understand.

When you don't understand a rule, try to get someone (parent, supervisor, etc.) to explain it to you.

ACTIVITIES

Ask the students to identify one rule in their group residence, home, or workshop that they feel is unfair. Ask them why they think it is unfair and what have they done about it. Involve the group in this discussion. Can they offer suggestions? Have they had similar experiences? Can they be supportive?

To develop an understanding of what happens when rules are broken (cause and effect), have the group identify penalties in the following situations:

A person drives through a red light.
Someone steals a radio, clothes, money.
A worker doesn't do his or her job.
A child (adult) calls out in church.
Adults hit each other.
An adult acts like a child.

Closing comments:

Suggested review:

Ask the students what two things they can do to try and get along with other people.
What are two ways that people need other people?
Ask each student to tell the class about a rule he or she broke. Why was that rule made in the first place?

Show the film "People First" and base your discussion on the four Main Points of this lesson.

Check yourself:

Are you encouraging group members to talk to each other?
If one group member doesn't understand another, are you allowing them to ask you for clarification or helping them learn to ask each other?

UNIT VI: RELATING PERSON TO PERSON

LESSON 2: RELATING TO PEOPLE AT HOME

OBJECTIVES: The students will be able to:

[1] Identify three types of living groups.
[2] Indicate two ways their living group helps them.
[3] Indicate two ways they help their living group.
[4] Identify two rules of their living group that can be changed.
[5] Identify two rules of their living group that cannot be changed.
[6] Identify two problems that they are having within the living group.
[7] Express happy/sad/angry feelings about their living group situation.

RESOURCE MATERIAL:

Discussion

Notes to leader-teacher:

To prepare students for the next three lessons, your review of lesson 1 should reinforce the students' understanding of how they (and others) gain from being a part of a group and getting along with others.

This lesson concentrates on helping the students look at relationships in their living situations in group homes, foster families, natural families, or institutions. Be sensitive to the fact that many will not be living with relatives for various reasons, and that this might be hurtful. Acknowledge feelings. Indentify difficulties. Reflect reality. Teach ways to cope. Encourage students to advocate for themselves. Where family (natural or adopted) or individual counseling is indicated, make a referral. The group should understand that counseling is one way to deal with a problem.

Opening remarks to students:

"In our last session we talked about groups and the ways groups help people. Does everyone here live with other people? Okay, this means everyone here is a part of a living group. I bet not everyone's living group is the same. Today we're going to talk about living groups."

MAIN POINTS

The leader-teacher will make these points:

1. There are different kinds of living groups.

When people live together they are part of a living group.

A natural family is one type of living group.

A natural family is the family into which you were born.

A foster home is another type of living group.

A foster family is chosen.

A group apartment (or home) is still another type of living group.

A group apartment (or home) is chosen.

An institution is still another type of living group.

Not all people live with their natural family.

Most people grow up and leave home.

Not everyone has a natural family that is still living.

Not all people can live with their natural family.

Not all people want to live with their natural

ACTIVITIES

1. Ask each student to describe his or her living group.
   How is it like a family? How is it different?
   What do you like/dislike about it?
   How does your living group help you live better with your handicap?

In order to help them better understand the various living groups, ask them to list the advantages and disadvantages of living with a family (natural or foster), in an apartment, a group residence, an institution, or alone.

MAIN POINTS

family.

These people might live in a foster home, group apartment, or alone.

Many handicapped people don't live with their natural families or with foster families.

Most handicapped people don't live alone.

Often handicapped people live in group homes or group apartments.

Group homes and apartments help handicapped people live more comfortably.

2. Every living group has problems and rules.

People who live together share feelings, activities, belongings, and problems.

People who live together will get angry at each other.

People who live together may not like or love each other.

People who live together may not like the same things.

People who live together may not want to share things (a bedroom, TV, living room, parents, caretakers).

People who live together may not agree on what rules need to be made.

ACTIVITIES

2. Help the students identify the rules of the group in which they live. Do this by asking each one to share at least one rule of his or her living group. Be sure to point out that some rules can be changed while others cannot.

In some cases students will talk about inconsist For example, the rules that differ from group to group and from one staff person to another in the same group. Allow your group to express their confusion and frustration. Encourage them to offer each other suggestions on how to cope with these feelings.

Again, questions will help you focus on student concerns and on what is happening in their lives.

What kinds of problems have arisen in your living group?
How were these solved?
Which problems involved you?
What did you do to solve these?

MAIN POINTS	ACTIVITIES
People who live together may not agree on what rules should be changed. But adults who live together talk about these problems. Adults who live together work together to solve these problems by talking about them. Adults know it is important to get along with people in their living group. Adults understand that problems can't always be solved their way adults compromise. Adults understand that it is hard to obey rules they don't like. Adults know new rules are hard to remember. Adults know changes in their living group can cause problems. Adults know new people are hard to get to know. Adults know new chores are hard to learn.	What problems were not solved? Tell us about these.
3. People who have parents (relatives, guardians) and caretakers can have special problems. Relatives are special people. Relatives are members of your natural family. Some people know their relatives; others don't.	3. Have the group answer the following questions by a show of hands. How many people are living with relatives? How many people are living in group homes? How many people are living with foster families? How many people know their relatives? How many people visit with them? How many people find that things are done differently?

MAIN POINTS

Some people like their relatives; others don't.

Some people live with relatives; others don't.

People who have a natural family but live in group homes or apartments or with foster families may have special problems.

You may have a special problem if you want to spend holidays with your living group and your relatives.

You may have a special problem when you try to please both your living group and your relatives.

And another when you try to obey both your living group and your relatives.

Sometimes it is difficult to have many "parents" (natural parents, foster parents, house staff, counselors, and supervisors).

Sometimes it confuses you.

Sometimes it makes you angry.

When you are confused or angry you should speak up.

ACTIVITIES

in their group residence than in their relatives' homes?

How many people want to spend Christmas (Passover, birthdays, etc.) with both members of your group residence and your relatives?

How many people find it hard to obey and please both the staff in your group residence and your relatives?

Once the group has identified these problems, use role play to rehearse solutions.

Closing comments:

Suggested review:

Allow each participant to:
Identify his or her living group;
Give two advantages or disadvantages of being part of it;
Specify two rules of the group and explain why they exist.

Check yourself:

Are you moving slowly, giving priority to helping the mentally retarded adults formulate ideas and communicate them?

322

321

UNIT VI: RELATING PERSON TO PERSON

LESSON 3: RELATING TO FRIENDS

RESOURCE MATERIAL:

Worksheet #17
* 16 mm projector
* Film: "Board and Care"
Discussion

OBJECTIVES: The students will be able to:

[1] Distinguish levels of relationships: strangers, acquaintances, friends, relatives and certain special people.
[2] Demonstrate what physical contact is appropriate with strangers, acquaintances, friends, relatives and certain special people.
[3] Identify two appropriate ways of greeting strangers, acquaintances, friends, relatives and certain special people.
[4] Identify two qualities usually associated with friendships.
[5] Identify what friends do together.
[6] Identify two problems that could occur between friends.
[7] Identify ways to develop a friendship.

Note to leader-teacher:

In social situations, most mentally retarded adults are like very young children, smiling and friendly but unable to negotiate social activities or relationships without parents, staff, etc. This form of dependence is excessive and greater independence in this area should be an objective of rehabilitation programs.

In this lesson continue to encourage the students to experience for themselves - and not through you - the social relationships under discussion. Remember, each step in the process is a point to practice and discuss. Repeat this lesson often as you work with your group. Encourage parents and other staff to absorb it so that they, too, can foster social growth and more appropriate adult behavior.

Opening remarks to students:

"I wish I had a friend with whom I could go out. I wish I knew what we could do together. How many here wish the same thing? What is a friend?"

324

323

MAIN POINTS

The leader-teacher will make these points:

1. Friends are special people.

   Everyone needs friends.

   Friends are people you know and like.

   You know people when you spend time with them.

   You spend time with the people with whom you live.

   You spend time with the people with whom you work.

   Friends have known each other for a long time.

   Friends are often your age.

   Friends can be male or female.

   Some friends are very special.

   You share feelings and secrets with special friends.

2. It is important to learn how to be a friend.

   Friends are kind to each other.

   Friends do not tease each other.

   Friends share things with each other.

   Friends are loyal to each other.

   Friends do things to please each other.

ACTIVITIES

1. The question "What is a friend?" opens this discussion. Allow everyone to state what he or she thinks. Interject these questions to encourage the students to talk to each other.
   Does everyone agree?
   Is that all there is to being a friend?

   The film, "Board and Care " can be used at the beginning or end of this lesson to introduce the lesson or summarize it. Use these questions to discuss the film:
   What was the story about?
   Describe the relationships between the father and son, the two women who worked together, the young man and young woman, and the young woman and her counselor.
   How did these people show their feelings for each other? What words did they use? How did their behavior express their feelings.
   How did the young man and young woman develop their friendship? How did they move from being strangers to being friends? Did they love each other?
   How are you like these people? Different?

2. Present the group with these problems:
   You have just met someone and would like to become his or her friend. Describe how you would do this. Does the group have additional suggestions?
   You and your friend are going to the movies. Another friend asks to join you. What are your choices. What do you do? Show us.
   Talk about yourself as a friend. Why do you think your friends like you? What do you like about your friends?
   Someone you like (or don't like) asks you to spend time

MAIN POINTS	ACTIVITIES
Friends smile when they see each other. Friends can hug each other when they meet. Friends can hug each other on special occasions. Friends have fun together. It is important to have more than one friend. Friends can disagree with each other. When friends disagree, they talk about their problems.	with him or her. "Can you say no? Show us how you would do this. Your co-worker would like to be your friend. You decide that you want to be friendly but you do not want to be her friend. How could you tell her this? Do you have to like everyone? Do you have to be friends with everyone?
3. Strangers are different from friends. Strangers are people you don't know. Strangers are people in the park, on busses, on the street, in the elevator, in bars, etc. Strangers can be adults or children. Strangers can act friendly, but they are not friends. Strangers can be kind, helpful, talkative. Some strangers can help us (fireman, policeman, doctor, nurse). Strangers do not touch each other. Strangers do not kiss or hug each other.	3. Pose these problem situations and ask the group how they would deal with them: A middle aged couple on the bus invites you to supper in their home. What should you do? Why? Show us. You are lost and need to ask someone on the street for help. Whom would you ask? How? Is it wrong to ask a stranger for help? What are your choices when you are lost? You missed your bus and a friendly person offers to drive you where you are going. What should you do? Why? Show us. The doctors receptionist offers you candy. What should you do? Why? Show us. A woman you met on the street offers you candy (money, a joint). What would you do? Why? Show us. A stranger in the restaurant puts his hand on your knee. What would you do? Why? Show us.

MAIN POINTS

Some strangers may greet each other with a smile.

Strangers do not take things from each other.

Strangers do not go places with each other.

With time, strangers may become acquaintances and then they may become friends.

4. Acquaintances are different from friends and strangers.

Acquaintances are people you have met only once or twice.

Acquaintances are people whose name you know.

Acquaintances are people with whom you have spent just a little time.

Acquaintances are people you may have met at work, in a store, at a party.

Acquaintances can be friendly, but they are not friends.

Acquaintances do not kiss or hug each other.

Acquaintances may greet each other with a smile, a wave, or a handshake.

With time, some acquaintances may become friends.

329

5. Everyone should know how to make a date.

A date is getting together with a friend or with friends.

ACTIVITIES

4. Ask the group to react to this rather common occurence: A cashier in the grocery store hugs you whenever she sees you. How do you feel about this? Is she a stranger, acquaintance, friend, relative or special person? Do you think it's right? What do you do? Show us.

Have the group tell you which of the following people are strangers, acquaintences, friends, relatives or certain special people:

nurse
aunt
boss
social worker
bartender
husband
niece
girlfriend
mailman
wife
co-worker
roommate
priest
counselor
date
mechanic
cousin
club member
neighbor's child
boyfriend
druggist

How would you greet them? Show us. Would you go someplace with them? Explain.

If an acquaintance or stranger made you angry, what could you do? Show us.

5. Select one person and ask him or her to make a date with someone else in the group. They should be aware that planning a date means:

330

MAIN POINTS	ACTIVITIES
On a date friends can talk, go for a walk, shop, bowl, watch TV, etc. On a date friends might talk about work, the things they do, the people they know, TV programs they've seen, etc. Dates should be planned in advance. Dates should be discussed with the proper people in your living group. On some dates each person pays for himself or herself. On some dates friends pay for each other. Some dates require special clothes. It can be dangerous to make a date with a stranger or acquaintance. People are responsible for telling their living group where they are going, with whom they are going, and when they will be back.	Deciding whom to invite. Planning where to go. Knowing how to get there. Thinking about the cost. Understanding how to dress. Checking with the counselor, caretaker , parents, etc. in their living group. Extending the invitation. Knowing how to handle rejection. Repeat this so that everyone will have a chance to do the asking and to be asked (to accept or reject an invitation Additional questions may be helpful: How long did you know him or her? Where did you meet him or her? Does your living group have special rules about dating?
6. Going steady is also dating. Going steady means that a couple wants to date only one another. Not everyone wants to date only one person. Not everyone has friends he or she likes in this special way.	6. Draw on the group's experience with these questions: Is (has) anyone here going steady? Could you tell us about it? Do (did) you date others? What do you think couples are trying to learn about each other whan they go steady?

MAIN POINTS

Most adults go on dates just to have fun with a lot of different people.

Going steady helps people get to know each other.

Going steady helps them decide if they want to marry.

Some adults may want to marry; others don't.

7. Adults touch only certain people at certain times.

Adults know that words express feelings.

Adults know that touching can also express feelings.

Adults should learn when to touch: shake hands, hug, kiss.

You are an adult.

You should not touch people who don't want to be touched.

You should not allow others to touch you when you don't want to be touched.

You should not hug, kiss, or touch strangers.

A stranger is someone you do not know.

Strangers should not hug, kiss, or touch you.

You should not hug or kiss an acquaintance.

An acquaintance is someone you have met once or twice and whose name you know.

ACTIVITIES

7. Use these questions to help the group develop their understanding of when touching is appropriate.

How do you know when someone wants to/doesn't want to be touched?
How can you tell other people that you don't want to be touched? Show us.
How would you show your friend (boss, doctor, grocer, mother, neighbor's child, boyfriend) that he or she made you feel happy.
How would you show your relatives that you love them?
How would you tell someone that he or she doesn't know you well enough to hug you? Show us.
How would you feel if someone told you that you didn't know that person well enough to hug him or her?

Ask the group to demonstrate each of the following, to be sure they understand the different ways people can greet and touch each other: smile, wave, handshake, long and short hug, kiss, touch.

Distribute worksheet #17, Circles. This concept was developed by Leslie W. Wertheimer and Marklyn P. Champagne as "a self organization system for teaching appropriate social/sexual behavior to mentally retarded persons."

Refer to the list in activity #4. Ask the group to identify the circle in which each person belongs.

UNIT VI: LESSON 3 (cont)

MAIN POINTS	ACTIVITIES
You may shake hands with an acquaintance.	Repeat this activity and individualize it by using names specific to each student.
You may wave to a child who is an acquaintance.	
Sometimes you may want to give a friend a short hug or a kiss on the cheek.	
A friend is someone you know well and like.	
Sometimes you may want to give a relative a short hug or a kiss on the cheek.	
A relative is a member of the family into which you were born.	
Sometimes you may want to give a special person a short hug or a kiss on the cheek.	
A special person is someone with whom you've shared a very special experience.	
Adults can use words, smiles, handshakes, and short hugs to show others they are pleased.	
Adults can use words, smiles, handshakes and short hugs on special occasions.	
Husbands and wives are different.	
Husbands and wives may kiss on the mouth or share long hugs in private.	
Boyfriends and girlfriends are different.	
Boyfriends and girlfriends may kiss on the mouth	

MAIN POINTS	ACTIVITIES
or share long hugs in private.	
Adults use long hugs and kisses on the mouth to share sexual feelings.	
Adults should be careful not to arouse others by long hugs and kisses on the mouth.	
Counselors, parents, or caretakers can help you identify strangers, acquaintances, friends, and relatives and special people.	

Closing comments:

Suggested review:

Jack and Bert work together and like each other. They are acquaintances. What can they do to become friends?
Mike and Betty went to shcool together. They live around the corner from each other. Mike would like to date Betty. What should he do? How can she accept or reject his approaches?

Select two students and tell them to act out going on a date to McDonalds. Be sure to cover arranging the date, checking with living group, awareness of rules, dress, conversation, behavior, etc.

Check yourself:

Are you drawing from the group's experiences? Are you encouraging new experiences?
Are you using language they understand?
Are you helping them feel they can still learn?
Are you helping them talk to each other?

UNIT VI: RELATING PERSON TO PERSON

LESSON 4: RELATING TO PEOPLE AT WORK

RESOURCE MATERIAL:

Magazine and newspaper clippings that show appropriate and inappropriate dress for work.

OBJECTIVES: The students will be able to:

[1] Identify two things they can do to get along with people at work.
[2] Identify two problems they have in their work group.
[3] Identify two work rules they like/dislike.
[4] Identify two work rules that are changable/not changable.
[5] Express their feelings about their work situations.

Note to leader-teacher:

This lesson draws attention to relationships at work. Here the students will learn that adults work and they will become aware that everyone has satisfactions and frustrations on their job. Frustrations and disappointment exist for everyone and everyone should express theirs and learn how to cope with them. The students will talk about rules at work and how these rules may be different from rules in their living group.

Opening remarks to students:

"We have talked about living groups and social groups and now we are going to talk about work groups."

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. It is important for adults to work. Adults work to earn money. Adults work to be useful to others and to their community.	1. Open the discussion with, "Why do you think it is important for adults to go to work?"

339

340

MAIN POINTS	ACTIVITIES
Adults work to keep their minds and bodies busy. Adults work to learn new skills. Adults work to be with people. Adults go to work. Some adults work and go to school.	
2. Workshops are special work places. Day treatment centers are also special work places. It is important for adults to work. It is important for handicapped adults to work. Many adults who have handicaps work in workshops. Workshops make it easier for handicapped adults to work. Workshops take only special jobs that handicapped adults can do. Some workshop jobs are interesting; others aren't. Some workshop jobs pay well; others don't. Some people like their workshop; others don't.	2. These questions should be answered: Where do you work? Is it a workshop? Is it a day treatment program? What is your job? Why are you in a workshop? What are the rules in your workshop? Do you think people who are not handicapped also have problems, frustrations, disappointments on their job? Ask everyone to talk about their job, workshop or day treatment program. As feelings are expressed, enable the group to be supportive of the speaker; help the speaker appreciate the relationship between his or her handicap and placement.
3. Adults behave responsibly at work. Adults are expected to arrive/leave on time.	3. Since every job has rules and a dress code ask the group to tell each other what these are for their jobs.

MAIN POINTS	ACTIVITIES
Adults are expected to obey work rules. Adults are expected to dress appropriately. Adults are expected to do their jobs. Adults are expected to get along with other workers, boss, counselors, etc. Adults get along with others when they avoid arguments. Adults get along when they share and compromise. Adults get along when they discuss problems. Adults are expected to behave like adults at all times. Adults work in groups to get a job done.	Help the students identify those rules that can be changed and those rules that cannot be changed. Discuss how individuals or a group can try to change a rule they don't like. Select magazine and newspaper clippings that would illustrate appropriate and inappropriate dress for work. Show these to the group and ask them to identify which is appropriate for their job.
4. When problems occur at work adults try to solve them. Boredom can cause problems. Changes can cause problems. Jealousy can cause problems. Breaking rules can cause problems. Adults who behave like children can cause problems. Not understanding things can cause problems.	4. Since everyone has had problems at work, ask each person to tell the group what his or hers was and how he or she coped with it. Help point out responses that might have been more appropriate. If that were to happen again, how could you handle it? Show us. Role play these situations so that the student will learn how to cope with some problems that occur at work: You don't like your job. What do you do? A co-worker asks you to break a work rule. He wants you to drink beer on the job. What do you do?

MAIN POINTS	ACTIVITIES
Being afraid to ask questions can cause problems. Not understanding what to do can cause problems.	You cannot do your job. You can't work so fast. You don't understand instructions. What do you do? Help each student identify the person with whom they can discuss work related problems.

Closing comments:

Suggested review:

What kinds of problems can come up at work?
How can you resolve these?
Why do you think you are working in a workshop?

Check yourself:

Are you helping the group begin to advocate for themselves by showing them the initial steps?
Are you using role play to give them the words and practice so they can do this?
Are you encouraging your group members to use each other to share information and suggestions for solving problems?

UNIT VII: KEEPING YOURSELF FIT

GOALS:
A. Develop an understanding of good health: body and mind.
B. Encourage good health practices
C. Encourage assuming responsibility for one's own health.
D. Identify professionals, equipment, and procedures in health-related fields.
E. Help students to understand care of sex organs and recognize signs of infection/disease.
F. Discuss drugs: prescribed medication and harmful substances.
G. Provide guidelines for responding in an emergency.

Introductory remarks:

Review Unit VI by asking the group to tell you about their week. How did they get along with people? Did they make a particular effort to get along with someone in particular? Did it work? Did they have a special problem with someone? What was it about? Could the group help them work on it?

Since keeping fit is of concern to everyone, including the mentally retarded adult, this last unit will help the students understand what good health is about. Students will learn to identify health professionals, and they will become familiar with medical equipment and procedures. They will learn about certain illnesses and about drugs that can be helpful or harmful. They will be encouraged to ask questions about their medical examinations and treatment plans. The final lesson will instruct them in safety and first aid.

Be sure your group is aware of what they have accomplished. They met regularly for many weeks, concentrated, and worked hard at learning and retaining information. In addition, they behaved as adults. Tell them this. If it has value to the students, consider giving each a letter of commendation on agency letterhead and signed by the director.

Planning a social (coffee and cake) for the end of the final meeting might be something to suggest at the end of the first lesson of this unit; then the group can vote on it and, of course, plan it.

You are, in essence, beginning to tell the group you are nearing the end of the program (terminating).

UNIT VII: KEEPING YOURSELF FIT

LESSON 1: GOOD HEALTH IS EVERYBODY'S BUSINESS

OBJECTIVES: The students will be able to:

[1] Describe good health: both physical and emotional.
[2] List three signs of physical illness and emotional problems.
[3] List three recommended health practices.
[4] Identify three health care providers.
[5] Identify three pieces of medical equipment and their use.
[6] Demonstrate an understanding of their own medical problems (if any) and their treatment plan.

RESOURCE MATERIAL:

* Assorted medical and dental equipment
* Assorted x-rays
Worksheet #10
Posters and pamphlets relating to health(+)
Psychological testing material

Note to leader-teacher:

As the mentally retarded become more independent as the result of living in group residences and supervised apartments, it will become increasingly more important for them to recognize when they are ill and know how to get help. They will also need to understand the importance of regular medical check-ups and be able to ask questions about their medical examinations, health, and treatment. Almost every student will have experienced many of these examinations. Not all experiences will have been pleasant. Encourage everyone to share their experiences. Encourage everyone to talk to each other. Encourage everyone to commiserate with each other.

Opening remarks to students:

"All adults should learn to care for themselves. You are an adult and you should learn to care for yourself. In order to do this, you need to learn to recognize when you are ill, where to go for care, and how to follow medical recommendations."

MAIN POINTS

The leader-teacher will make these points:

1. Everyone wants to be healthy.

Everyone is responsible for his or her health.

You are responsible for your health.

When you are healthy your body doesn't hurt.

When you are healthy your body works well.

When you are healthy your medical problems are controlled.

When you are healthy you are calm and relaxed and enjoy yourself.

When you are healthy you have energy to do things.

When you are healthy you get along with people.

When you are healthy you are not dependent on drugs.

It is your job to stay healthy.

It is your job to eat properly.

It is your job to follow your sepcial diet (when appropriate).

It is your job to get sleep and exercise.

It is your job to take your medication.

It is your job to go for regular check-ups.

ACTIVITIES

1. Let the group distinguish between health and illness through this exercise.

Tell me whether John is healthy or sick:
John is smiling and energetic.
John has a burning feeling when he urinates.
John sees a rash on his genitals.
John finds it hard to see the people on the TV set.
John feels tired and has no appetite.
John hasn't had seizures for over a year.
John is constantly fighting with people.
John is always crying and angry.

Repeat each situation and ask the students to identify whether it is a physical illness or emotional problem.

Next, focus on the students. Are you in good health? How do you know? What are you doing to keep healthy? Use posters and pamphlets about good health to supplement this discussion.

MAIN POINTS	ACTIVITIES
2. Sometimes people get sick. You should know when your body is sick. Your body is sick when you feel pain. Your body is sick when you have sore and itchy rashes. Your body is sick when you have a fever. Your body is sick when your gums bleed. Your body is sick when your teeth hurt. Your body is sick when you spit up blood. Your body is sick when there is blood in your urine. You are also sick when you can't eat or sleep. You are sick when you always feel unhappy or scared. You are sick when you always have bad thoughts. Your are also sick when you can't control your anger. When you are sick you should ask for help. Tell your parents, counselor, supervisor, nurse, caretaker, etc.	2. Ask the students to talk about their own experiences with illness. They should talk about signs of the illness and to whom they went for help. Consider rehearsing the following situations. You saw blood in your urine. When you run, you feel pain in your chest. You are finding it more difficult to control your temper.

MAIN POINTS	ACTIVITIES
3. There are many health care workers. Health care workers help you stay healthy. Helath care workers care for you when you're sick. The doctor and nurse are health care workers. An x-ray technician is a health care worker. A psychologist is a health care worker. The counselors in a sheltered workshop are health care workers. A druggist is a health care worker. Regular health examinations are important. Parents, counselors, and caretakers will help you arrange for health examinations.	3. Students will be receiving care from various places. Those who wish can tell the group about it. Some may regard it as private information. Respect this. Some questions for discussion: Where do you go for medical care and how often? What is your medical problem? Describe your clinic or doctor's routine. How are your bills paid? Those who go for counseling should also be asked to share the same information (if they wish). Raise this question for further discussion: Why do some people refuse medical care, counseling, etc? Ask which of the following are health care workers, then, ask what they do. The group can respond by a show of hands. butcher dentist social worker nurse garbage man therapist psychiatrist typist Ask the group to raise their hands if they have had: x-rays blood tests operations dental x-rays neurological exams psychological testing psychiatric interviews hearing tests
4. Regular health examinations are important. A general physical exam is done by a doctor once a year.	4. Since all students have been through these examinations, allow them to describe theirs and compare notes with each other. Do they have questions for you?

MAIN POINTS	ACTIVITIES
The doctor or nurse checks your ears, nose, throat, eyes, glands, lungs, heart, abdomen, breasts, weight, blood pressure, reflexes, urine and blood. Using rubber gloves the doctor will also examine your rectum and, in women their vagina and ovaries. If you are ill, you may receive an injection of medication (a shot), a prescription for medication (pills, liquid or drops), or a special diet. Sometimes you will receive injections to prevent illness (flu shot). Sometimes you will be sent to specialists: eye doctor, heart doctor, neurologist, skin doctor, etc. General dental exams are done by a dentist once or twice a year. The dentist or his assistant will x-ray and check your gums and teeth. The dentist may also clean your teeth, fill a cavity, remove a diseased tooth, replace a missing tooth, etc. The dentist may prescribe medication to prevent or treat an infection or give you an injection to prevent your feeling pain when he works on your teeth.	Role play ways students can deal with their embarrassment, difficulties in asking questions, fears, difficulties in understanding what is happening, etc. Medical and dental equipment should be on the table for the students to handle. As they handle it, ask them to name the particular piece they're holding and to indicate (demonstrate) its function.
5. Psychological and psychiatric exams are also important. Psychological exams are done by a psychologist. He wants to understand your learning abilities and problems.	5. Encourage the students to share their experiences with psychologists and psychiatrists. If possible psychological testing materials should be available for the students to handle and discuss.

MAIN POINTS	ACTIVITIES
He wants to understand your feelings and behavior. He will ask questions. He will ask you to do different tasks. No one passes or fails these tests. If you need special help the psychologist will recommend it. You may need a special program or someone with whom you can talk. A psychologist cannot prescribe medication.	
Psychiatric exams are done by a psychiatrist.	
A psychiatrist is a doctor. Like the psychologist he will ask questions. He also wants to understand your feelings and behavior. He may also speak to other people who are caring for you. If you need medicine, the psychiatrist will prescribe it. Medication can be an injection, a pill, or liquid. If you need someone to talk to in order to discuss your problems, the psychiatrist will help you find that person.	

Closing comments:

Suggested review:

Place medical and dental equipment and psychological testing materials on the table and give each student a chance to select a piece and explain how it is used.

Ask each student to tell two things they should do to keep healthy.

Check yourself:

Are the students talking more to each other than to you?
Are the students expressing feelings, fears, etc?
Have you rehearsed:
How to let someone know you are sick.
How to let someone know you are afraid and don't understand.
How to ask questions of a health care worker.

Soon the curriculum will be finished. Would it be helpful for the group to continue to meet? If you continue, how would you use this time? Would you reopen areas of the curriculum for more intensive work? Would you want to talk more about feelings, sexuality, marriage, interpersonal relationships, etc? How would you involve the students in making these decisions?

If you are electing to divide the students into male and female groups for the next lesson, now is the time to prepare the group. Explain that this arrangement will allow for more private discussions and/or a trip to medical specialists. Assure them that questions about what is happening in the other group will certainly be answered.

UNIT VII: KEEPING YOURSELF FIT

LESSON 2: ILLNESSES OF THE SEX ORGANS AND URINARY SYSTEM (Genitourinary System)

OBJECTIVES: The students will be able to:

[1] Recognize symptoms of urinary tract infections.
[2] Recognize symptoms of infections of sex organs.
[3] Demonstrate an understanding of an examination of the sex organs.
[4] Understand how VD is transmitted, treated, prevented.
[5] Demonstrate awareness of pubic lice and its treatment.

RESOURCE MATERIAL:

* Slide projector
* Slides: "Sexuality and the Mentally Handicapped," Part VII
* 16 mm projector
* Mannequins and overlays (+)
* Jim and Mary dolls (+)
* Assorted medical equipment
* Pelvic model

Teacher's Reference Unit VII
Worksheet #3 and #11
Guest speaker: nurse
Films: "VD Attack Plan" (+)
"How to Examine Your Breasts" (+)
Pamphlet: "How to Examine Your Breasts" (+)

Notes to leader-teacher:

Before moving into this lesson, allow the group to express their feelings about being separated after having been in a mixed group. Perhaps they now feel more comfortable asking special questions.

For both groups begin the lesson with a review of the excretory and reproduction systems (Unit I, lesson 2/3, points 10 & 11). If you are working with an all-male or all-female group, consider bringing in guest speakers (a male or a female nurse) or planning a visit to urology or gynecology clinics where examinations can be simulated.

Opening remarks to students:

"Last lesson we described healthy bodies and minds. Today, we are going to describe several kinds of illnesses that involve our waste systems and sex organs. If you remember, these are the body parts that produce urine and BM and are involved in sexual intercourse and reproduction."

UNIT VII: LESSON 2 (Cont)

MAIN POINTS	ACTIVITIES
The leader-teacher will make these points:	
1. Everyone has sex organs and a urine system. Male and female sex organs are different. Male sex organs include: penis, two testicles. Female sex organs include: clitoris, vagina, ovaries, uterus. The system that produces urine is the same for men and for women. Liquid waste is collected from the body by the blood and deposited in the kidneys. Urine is then made in the kidneys and stored in the bladder. The tube that carries the urine out of the bladder is different for men and for women. The male tube is inside the penis. The female tube is next to the vagina but separate from it.	1. Use Jim and Mary dolls or place overlays on the mannequins and identify the penis, urethra (urine tube), testicles, bladder, and anus on the male; the vagina, uterus, clitoris, ovaries, urethra (urine tube), and anus on the female. Have 2-3 students repeat this. Distribute worksheets #3 and #11. Compare male/female similarities and differences.
2. Sex organs can become infected. Both men and women can have infections. Sexual intercourse can spread infections.	2. Use Jim and Mary dolls or use mannequins and overlays to point to the body parts mentioned. The students can also point to these parts on their own bodies. Use slides from "Sexuality and the Mentally Handicapped"

UNIT VII: LESSON 2 (cont)

MAIN POINTS	ACTIVITIES
You may have an infection if your sex organs are swollen or sore. You may have an infection if your sex organs burn or itch. You may have an infection if your sex organs burn when you urinate. You may have an infection if you have sores or rashes on your body. You may have an infection if you have a discharge from the vagina/penis. Infections spread quickly. Infections can be very serious. Infections need immediate treatment. If you have an infection see your doctor. If you have an infection you may need blood tests or urine tests. If you have an infection you may need to have your sex organs examined by a doctor. Infections can be treated with an injection (shot), with pills, or with suppositories.	to illustrate infections of the sex organs. Use these along with your discussion.
3. Venereal Disease (VD) is a serious infection of the sex organs. Syphillis (syph) and gonorrhea (clap, drip) are venereal diseases. VD can be spread by sexual intercourse (anal, oral,	3. Use slides from "Sexuality and the Mentally Handicapped", Part VII, to discuss how VD is transmitted and to illustrate the symptoms and treatment for it. You can reinforce your discussion of VD by using the film, "VD Attack Plan."

MAIN POINTS	ACTIVITIES

vaginal).

It is hard to tell if your sex partner has VD.

You may have VD if you have a discharge from your penis or vagina.

You may have VD if it burns when you urinate.

You may have VD if you have a rash/sore on the genitals, mouth, etc.

You can have VD and not know it.

You will always have VD unless it is treated.

You will still have VD even if the signs disappear.

If you are sexually active you should have regular check-ups for VD.

Blood tests will tell the doctor if you have syphillis.

Smears of the discharge from the vagina, penis, mouth, or rectum will tell the doctor if you have gonorrhea.

If VD is not treated it can cause damage to your reproductive organs, heart, brain, occasionally even death.

You can have VD more than once.

If you think you have VD, ask for help.

MAIN POINTS	ACTIVITIES
A parent, counselor, or caretaker, etc. can help you get treatment.	
VD must be treated by a doctor.	
VD is treated by injections or pills.	
Help prevent VD by using a condom.	
Don't have sexual intercourse if you have VD.	
4. Sex Organs can become infested with lice.	4. Ask the group if they know of anyone who has had lice. Those who do, should be asked to tell how it was diagnosed and what was done.
Men and women can have lice (crabs).	
Lice are tiny bugs and are hard to see.	Ask the group what they would do if they thought they had lice.
Lice are easily spread.	
Lice are spread by skin to skin contact.	
Lice can be spread during sexual intercourse.	
Lice cling to pubic hair (and scalp).	
Lice bite and cause itching and sores.	
If you have lice see your doctor.	
If you have lice you need treatment.	
Lotions are used to treat lice.	

MAIN POINTS	ACTIVITIES
5. The urine system can also become infected. Both men and women can have infections. You may have an infection if it hurts when you urinate. You may have an infection if there is blood in your urine. You may have an infection if you urinate frequently. You may have an infection if you can't urinate. You must see your doctor. You must have tests. You must be treated.	5. Here, discussing everyone's experience with urinary tract infection will be helpful. Going around the group ask each person to describe his or her experience.
6. The sex organs and urine system can also develop tumors. Tumors are hard lumps. Tumors can develop in any part of the body (breast, rectum, bladder, vagina, penis). Every month women should check their breasts for lumps. Every woman should learn how to do this. All lumps should be examined by a doctor. Some tumors are serious; others are not.	6. Using the American Cancer Society film and pamphlet teach the women how to examine their breasts. Ask each student to demonstrate doing this on herself. A nurse can also be invited to the group session to teach breast exams to the students.

MAIN POINTS	ACTIVITIES
Few tumors are cancerous; most are not. Tumors can be treated.	
7. Sex organs should be examined regularly. Regular examinations are important. Regular examinations will tell you if you have an infection or other problem. Early detection means early treatment. Early treatment can prevent more serious problems. Doctors will also examine the sex organs before prescribing contraceptives. It feels awkward and embarrassing to have sex organs examined. When the male sex organs are examined, the doctor examines the rectum, penis, scrotum, and groin. When the female sex organs are examined, the doctor examines the breasts, vagina, ovaries, uterus, and rectum and a Pap smear is taken. A Pap smear is an examination of skin cells from the tip of the uterus. The doctor uses a speculum when he examines the vagina and takes the Pap smear. The doctor wears a rubber glove when he examines the vagina, ovaries, uterus and rectum.	7. Demonstrate how the speculum is used. Demonstrate on the Mary doll, the pelvic model, or by shaping your hand to resemble a vagina so you can insert the speculum. It might be helpful to desensitize the female students to a gyn exam by asking each one to rehearse the steps of the gyn (pelvic) exam. Students should wear slacks for this exercise. It would be inappropriate for them to expose themselves in a non-medical setting. Again display birth control devices and discuss them with the students. Let the students handle them.

UNIT VII: LESSON 2 (cont)

MAIN POINTS	ACTIVITIES
Every woman should examine her own breasts to see if there is a lump, or a discharge from the nipples. Self breast exams should be done every month after menstruation.	

Closing comments:

Suggested review:

Ask the students to describe experiences they've had where a doctor has examined their sex organs. Point to these organs on the mannequins.
Ask the students how VD is caught. Is it a tumor or an infection?
How do we know if our sex partner has VD?
What are lice? Where are they found? What should you do if you see them?
If you have a discharge from your penis or vagina, what should you do?
If you have pain when you urinate, what should you do?

Check yourself:

Does your group need any help in planning for the final session?
Do they need to discuss termination? How do they feel about the fact that there will be no more group meetings? Do they feel disappointed?

UNIT VII: KEEPING YOURSELF FIT

LESSON 3: DRUGS: HOW THEY HELP AND HOW THEY HURT

RESOURCE MATERIAL:

Assorted medications and bottles with labels.
Worksheet #20

OBJECTIVES: The students will be able to:

[1] Understand how drugs can help or harm our bodies.
[2] List three ways drugs enter the body.
[3] Identify physicians and dentists as the only people able to prescribe drugs.
[4] Understand the importance of taking drugs exactly as prescribed.
[5] List three non-prescription drugs harmful to the body.
[6] List three dangerous street drugs.
[7] Demonstrate one way to resist drug pushing.
[8] Recognize a med-bracelet and elect to wear one if indicated.

Notes to leader-teacher:

For this lesson both sexes are together. Allow them to share their experiences and reactions to the last lesson; this can be your review. Be sure they are able to distinguish between the sex organs and urine system, can recognize infections and diseases, and know where to go for care.

In discussing drugs with your students, you need to maintain a delicate balance. Encourage and support those on medication and at the same time alert eyeryone to the dangers of using drugs (both social drugs and street drugs).

Opening remarks to students:

"At some time, everyone here has had to take medicine. Taking medicine is important. However, many people take drugs they don't need. This can be harmful. Today we are going to talk about drugs--how they help and how they hurt."

MAIN POINTS

The leader-teacher will make these points:

1. Drugs can help or harm our bodies.

Anything that enters the body and is not nutritious is called a drug.

The words "drug" and "medicine" mean the same thing.

Some drugs are helpful and some are harmful.

Some people need to take drugs to maintain good health.

Some people are allergic to certain drugs.

You should know what you are allergic to.

You may be allergic if you feel sick, dizzy, itchy, etc. after you take a drug.

Only a doctor or dentist can prescribe drugs.

The doctor's prescription tells the pharmacist what drugs to give you.

The pharmacist makes up the medication.

All medicine bottles have a label.

Labels describe the medicine and how to take it.

Labels also have the name of the person who takes the medicine.

ACTIVITIES

1. Have the students repeat the definition of a drug, first as a group and then individually.

Then have them indicate which of the following are drugs:

chicken
coffee
sleeping pills
cheese
cough drops
glue
aspirin
bread
water
tea

Ask them to identify in the list that follows those people who can prescribe drugs and those who can't:

friend
policeman
counselor
secretary
pharmacist
doctor
relative
dentist
waiter
psychiatrist

Show them several medicine bottles and identify the information on it. Point out the patient's name. Stress the importance of checking labels and making sure that the medicine is for them.

Survey the group by asking how many people are taking medicine. Why? How did they get it? How often do they take it?

If anyone has had an allergic reaction to medicine ask each one to share what happened.

If anyone has an allergy to drugs ask him or her to tell which drug.

MAIN POINTS	ACTIVITIES
Drugs come in many forms: pills, powders, liquids, drops, capsules, injections, inhalants, creams, sprays, ointments, dried plants, suppositories, sucking candies. Drugs can enter the body through the rectum, nose, vagina, skin, or mouth. Drugs are absorbed by the blood. The blood carries drugs to all parts of the body including the brain. Certain drugs can be obtained without a prescription: coffee, tea, cough medicine, aspirin, etc.	Bring in an assortment of forms of medications so the students can become more aware of the various forms medicine can take. Then discuss how these are taken.
2. All medication should be used carefully. Some people must take medication every day to control diabetes, high blood pressure, epilepsy (seizures), heart problems, etc. These medications should always be prescribed by their doctor. Everyone should know why they are taking medication. Everyone should understand how to take their medication. Everyone should watch their body to see if their medicine is helping or hurting. Watch out for sleepiness, confusion, visual problems, a rash, dizziness or vomiting.	2. Those students who need to take medicine every day (and/or a special diet) can discuss how it helps them, their feelings about their illness, the burdens it creates for them and those with whom they live. If anyone has had a bad reaction to medication let him or her share this. Have the students role play how they would handle the following situations. A friend asks you to give him some of your seizure medicine. You have a headache, your friend at the workshop offers you some of his medicine. Your caretaker gives you Pepto-Bismol for your upset stomach.

MAIN POINTS	ACTIVITIES
If the medicine is causing any of these reactions, it should be reported to your counselor, parent, or caretaker, and then to the doctor. Some medications cannot be mixed. You should not take someone else's medication. Some drugs are sold without prescriptions: laxatives, nose spray, diet pills, vitamins, antacids, aspirin, etc. Smart people check with their doctors before using these.	
3. Some people need Medic Alert Identification. Some people must take medication every day to control diabetes, high blood pressure, epilepsy, (seizures), heart problems, etc. People who have special health problems should wear or carry special identification. Medic Alert braclets and necklaces are special identification. In an emergency, it will tell people how to help you. Your caretaker or nurse can help you obtain a Medic Alert Identification. People who have problems speaking should also wear a Medic Alert Identification.	3. Allow students to examine medi bracelets and assist those who want to get one. Have the students show each other their ID.

MAIN POINTS	ACTIVITIES
Everyone should always carry identification. Identification tells your name, address, and lists special medical problems.	
4. Some drugs are harmful. All drugs should be used carefully. Some drugs should never be used. These are street drugs. Street drugs are harmful to the body. Street drugs affect the brain. Street drugs are illegal and dangerous. Doctors will not prescribe street drugs. Druggists will not sell street drugs. Street drugs include: marijuana, acid, cocaine, heroin, speed, hashish. Street drugs affect our ability to think and behave properly. Social drugs can also be harmful. Beer, wine, whiskey (alcohol), and cigarettes are social drugs. They can change the way we think, feel, and behave. Some social drugs can cause serious medical problems. In New York State alcohol is only legal for people over 18 years of age. Some drugs are dangerous when used together (sleeping pills and alcohol for example). People who are addicted to drugs are sick people and need help.	4. Role play is a very important tool in this section since the student will be practicing how to say "No, thank you, No, not for me" in these situations: Refusing a drink, refusing a joint (marijuana), refusing a cigarette. The following questions are also good for discussion: Have you ever been asked to buy or use a street drug? Tell us about it. Why would someone want to use a street drug, a social drug? Why is it okay for a doctor to prescribe drugs? What harm can alcohol or beer do? What do you think the life of an addicted person is like? His family's life? (Show photos from newspapers and magazines of street drugs, social drugs, and a person in withdrawal.) How do you find out if a particular drug is okay for you? Distribute and discuss worksheet #20.

Closing comments:

Suggested review:

Ask students to give you an example of a drug that can be bought without a prescription. How would they know how to use it?

Then ask them if they themselves are on medication? What is it? Who prescribed it? How often do they take it? If they don't know, ask them why not.

Check yourself:

Are you continuing to prepare your group for termination?

UNIT VII: KEEPING YOURSELF FIT

LESSON 4: SAFETY AND FIRST AID

OBJECTIVES: The students will be able to:

[1] List three safety measures for kitchen or bathroom.
[2] Demonstrate an understanding of how to treat bleeding, scrapes, and burns.
[3] Demonstrate an ability to dial 911 and state a message.

RESOURCE MATERIAL:

Worksheet #9 and #21
* Telephone
* First Aid Book: "Can You Give First Aid?"
Safety Posters (+)

Notes to leader-teacher:

Before you begin, you should remind the group that this is the last session.

In this lesson, the emphasis is on learning how to avoid hazards and how to react in an emergency. It is important for the students to learn to dial 911 and state a message. As you teach the lesson, be sure that each student this skill. Some students understand people dial 911 in an emergency. However, they may be unable to dial this number because they do not recognize these digits.

Opening remarks to students:

"One way to be responsible for yourself is to learn how to keep from getting hurt. If an accident occurs, you also need to know what to do until help arrives. You also need to know how to get help."

MAIN POINTS

The leader-teacher will make these points:

1. Everyone should follow these basic safety rules.

Everyone should learn how to prevent fires:
Never play with fire or matches.
Never smoke in bed or when sleepy.
Never stack rubbish in you room.
Always throw rubbish, old papers, magazines outdoors.
Always keep kitchen clear and stove clean of grease, paper, or cloth.
Always use electrical outlets and wiring correctly.

Everyone should learn how to prevent falls:
Wear proper shoes.
Use no-skid decals in tub and shower.
Use caution with throw rugs.
Keep home and work area (especially stairs) free of clutter--toys, clothes, etc.
Hold banisters or railings when going up or down stairs.

Everyone should learn to prevent cuts:
Slice foods on cutting board, not in your hand.
Don't force your hand into glasses when washing them--use a cloth, a sponge, or a dishwashing aid with a handle.
Throw out broken or chipped glasses, mirrors, etc.
Use care in shaving--allow enough time and don't rush.

Everyone should learn how to prevent choking:
Take bites that are reasonable in size.
Chew thoroughly.

ACTIVITIES

1. Ask the students to help you identify safety rules that would prevent fire, falls, cuts, choking, traffic accidents, accidents at work, and that would prevent spreading germs.

Display safety posters to supplement your discussions.

Ask each student to do a safety check in his or her room & report back to the group. This should include checking for prevention of fires, falls, and the spreading of germs.

Rehearse with your group ways they can report hazards at home, at work, in the street, etc.

MAIN POINTS	ACTIVITIES
Don't talk and chew at the same time. Everyone should learn how to prevent traffic accidents: Use cross walks. Obey walk/don't walk and traffic light signals. Never touch or pull someone who is driving. Never upset someone who is driving by fighting. Everyone should learn how to prevent accidents at work: Never use machinery unless you are taught how. Some medications can affect your ability to react quickly. Some medication can affect your ability to use special equipment. Know how your medication affects you. Keep work floor dry Keep work area free of clutter. Handle sharp instruments cautiously. Use electrical outlets correctly. Report hazzards to your supervisor. Everyone should learn how to prevent spreading germs: Wash hands after going to the bathroom. Cover mouth when coughing or sneezing. Use tissues to blow nose or spit, then throw in receptacle--never use sidewalk or clothing. If sick, stay home. Maintain your health with rest, proper nutrition, exercise, and regular medical and dental check-ups.	

MAIN POINTS

2. Everyone should know some first aid.

Everyone should know how to care for an injury.

First aid is caring for an injury.

Everyone should know what to do for a paper cut, a scrape, or scratch: wash hands and wound with soap and running water, apply first aid spray and bandaid. If it becomes tender, warm, red, or swollen, see a doctor.

Everyone should know what to do for bleeding: apply pressure with your hand, elevate the area, get help.

Everyone should know what to do for a nose bleed: Sit, press nostrils together,breathe through your mouth, and ask for help.

Everyone should know what to do for choking: help the person lean forward and cough, get help quickly. (Use The Heimlich Maneuver only if you have been taught how.) Do not slap the person on the back.

Everyone should know what to do for a minor burn (stove, sun, hot liquid, or iron): immerse the burned part under cold running water for several minutes and get help.

Everyone should know what to do for a sprain, break, or bump: don't move the injured part, apply a cold compress if you can, call out for help.

Everyone should know what to do for an insect bite: wash the area and tell someone. If it swells or breathing

ACTIVITIES

2. Go down the list of injuries itemized under Main Points. Ask the students to tell the group what they would do for themselves (others) if they had these injuries.

The students can use each other as victims and practice each of these first-aid measures. Be sure each student practices how to get help.

Review worksheet #9. Caution: This should only be taught by a medically trained person to carefully selected students.

MAIN POINTS

becomes hard, get help quickly.

Everyone should know what to do for an animal bite: put pressure on it to stop the bleeding and get help.

Everyone should know what to do if a foreign body gets into an eye: do not rub it. Close the eye and get help.

Get help means: getting a parent or caretaker if at home.

Getting a counselor if in the workshop.

Getting another adult if in the streets, in a store, on a bus, etc.

Asking a friend to find a policemen or another adult.

3. Everyone should know how to react in emergencies.

When someone's life is in danger it is an emergency.

When there is an emergency get help immediately.

Call to anyone passing by.

Dial 911 and tell them your name, what happened and where you are.

If they ask questions you can't answer tell them this.

Don't pretend to understand when you can't understand.

ACTIVITIES

3. Role play with the students what to do in these situations.

A woman is hit by a car and bleeds from the forehead
A child falls down the stairs and is crying.
A woman was just robbed.
A man falls and doesn't move.
A person sitting beside you begins to have a seizure.
You are in an accident and you have severe pain in your left leg.

Refer to worksheet #21.

MAIN POINTS	ACTIVITIES
If it is an accident, don't move, lift, or turn the person.	
If it is an accident, cover the person, apply pressure to stop the bleeding, and don't give him anything to drink.	
If the person is vomiting, turn the head to one side.	
If it is a seizure, try to prevent the person from hurting himself. Put something soft under his head, loosen his clothing, prevent falling and banging into things.	
If you can, look for a med-alert bracelet. If you find one, show it to the person who comes to help.	

Closing comments:

This is the end. It is reward time. Enjoy.

Be sure your group senses their accomplishments.

If you choose to review, use their workbooks for this.

Acid (LSD): An illegal street drug that comes in tablet, powder, or liquid form. Small amounts affect brain functioning and perception (hearing, smell, vision, etc.). It has set off many cases of serious mental illness. When someone takes acid he becomes unrelated to the world around him. This is called a "trip" and it can last several days. Some people get "flashbacks" of the trip months or years afterward. They have hallucinations.

Alcohol: A liquid and legal drug that slows down the working of the brain and can be dangerous. It affects judgment and how our muscles and reflexes work. It is a depressant.

Barbiturates: See Tranquilizers.

Cocaine and Amphetamines: Illegal street drugs that come in powder, liquid, tablets, capsules, or pill form. They are either sniffed or swallowed. They affect the brain by making the user feel alert and energetic; when it leaves the body, the user feels weak, tired, sad. Both drugs can cause physical damage to brain and other organs. Cocaine and amphetamines are stimulants. Some diet pills contain amphetamines (snow, ups, coke, pep pills, bennies).

Cystitis: An infection of the bladder that should be treated by a doctor. The symptoms include frequent urination, pain or burning on urination, blood or pus in urine, creamy discharge from penis, pain over bladder area.

Drug Addiction: A physical condition that occurs when the body becomes so dependent on a drug that it must have it even if it is harmful. Without the drug the person goes through a very painful withdrawal sickness.

Drug Dependence: An emotional condition that exists when people think they always need to feel high or in a good mood and can't feel good unless they take drugs.

Gonorrhea: A venereal disease that is an infection of the genital tract. Left untreated, it may cause sterility, a type of arthritis, or heart trouble. It requires medical treatment with antibiotics. It is spread by sexual intercourse. People who are sexually active with several partners should be tested on a regular basis. The test may be done on secretions from the vagina, penis, anus, or mouth.

Heroin and Morphine: Drugs that affect brain function and give a short term high, after which the user feels very sleepy. The amount needed to satisfy the body increases over time. Less than two weeks use can cause addiction. Both drugs can affect other body organs and cause convulsions. Morphine (and demerol) are sometimes used in controlled amounts by doctors to relieve severe pain. These narcotics are depressant drugs that can be sniffed, swallowed, smoked, or injected. Withdrawal is difficutlt and accompanied by anxiety and sickness.

Herpes: A type of VD caused by the Herpes Simplex Virus. It is primarily spread through sexual intercourse and requires medical treatment. Herpes can be controlled, but there is no known cure for the periodic eruption of open sores in the genital area that is the disease's primary symptom. A growing health problem. This should not be confused with other Herpes virus related illnesses (e.g. cold sore).

Methadone: A narcotic sometimes used to help heroin addicts withdraw from heroin. Although it is used in treatment it is also used illegally. It is addictive and has the same potential for overdose or withdrawal sickness as other narcotics.

Marijuana and Hashish: Illegal street drugs that come from the dried leaves and stem of the cannabis sativa plant. Their color is somewhat like tobacco (reddish-brown or green). They are not addictive. Marijuana has some medical uses. It is smoked (joint, reefer) or eaten in food. It works on the brain. The user may feel relaxed and/or excited; memory, thought, and reflexes are generally slowed. There is continued controversy regarding the physical effects of long term use. (Grass, pot, hashish.)

Syphilis: A venereal disease (infection) transmitted during sexual intercourse. A sore or rash can appear around the genitals, mouth, or anus. Though these disappear, the infection is still present and unless treated by a physician with antibiotics can lead to heart trouble, blindness, crippling, brain damage, and even death. People who are sexually active with various partners should get tested for syphilis (VD) on a regular basis. The test is done with a blood sample.

Tranquilizers: Prescription drugs that come in pill or injectable forms. They act to calm or sedate; they are depressants. They may make the user feel dizzy, sleepy, or drunk. They can blur vision or slow speech. They are illegal if bought on the street. They have some medical uses, but can be addicting (goof balls, sleepers, downers).

Tumor: A mass (clump of cells) that can appear in any part of the body. All tumors should be examined by a doctor. Most tumors are not malignant (cancerous).

Urethritis: The infection of the tube (urethra) that leads from the bladder to the outside of the body. This is the tube that carries urine out of the body. If urethritis is suspected, the person should be seen by a doctor. The symptoms are like those of Cystitis.

Vaginitis: An infection of the vagina, for which the woman should consult a doctor (gynecologist) for medical treatment. Symptoms include itching or burning of the vagina and a change in the normal vaginal discharge. Discharge may become "cheesy" or yellow and foamy.

Venereal Disease: Contagious diseases generally contracted during sexual intercourse. The most familiar venereal diseases are gonorrhea, syphilis, and herpes. VD can be dangerous. It should be treated immediately. Laboratory tests will assist the doctor in making the diagnosis (VDRL). Treatment is usually oral medication and/or injection. (Clap, drip, bad blood.)

Withdrawal Sickness: The severe physical symptoms of sickness and pain that occur when someone who has used drugs cannot get them or decides to stop using them.

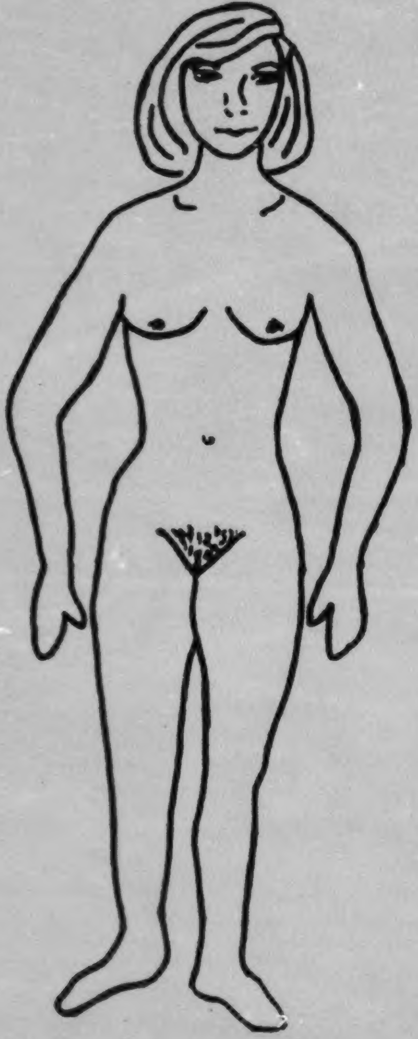
406

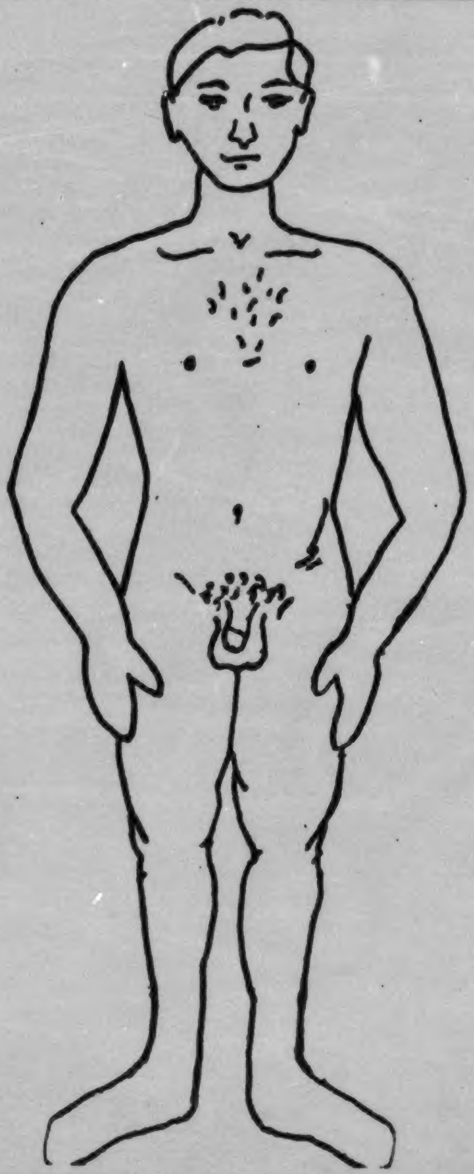
APPENDICES

WORKSHEET # 1 Adult Man and Woman

MY NAME IS ______________________________

Give "proper" name for each part.
Identify male/female similarities and differences.
Circle "private" parts.
Cut figures into puzzle pieces.

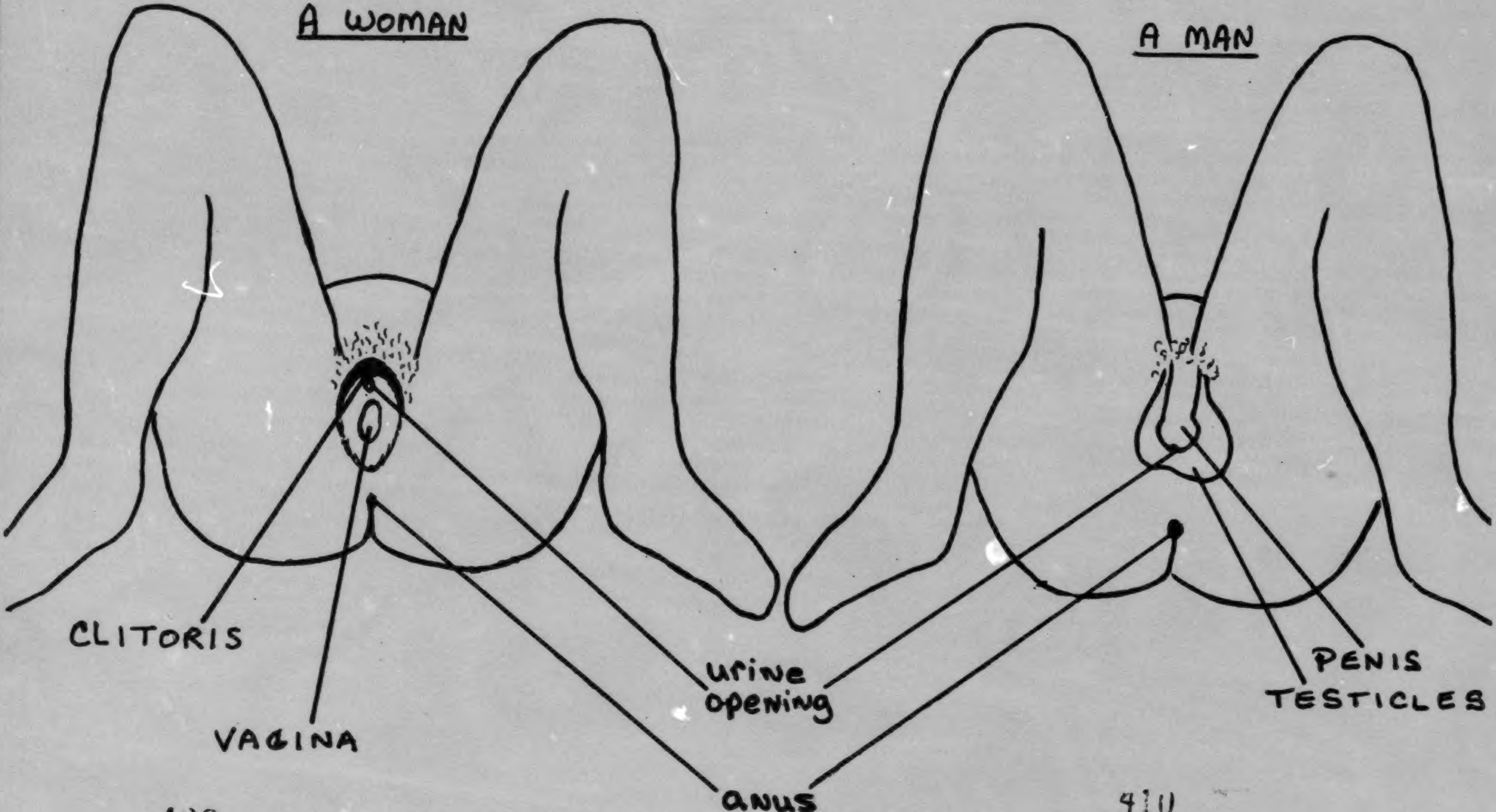




WORKSHEET # 2 External Body Parts

Give "proper" name for each part.
Identify external openings for urine, BM and menses.
Identify sex organs and function.
Identify male/female similarities and differences.

MY NAME IS ________________________


A WOMAN
A MAN
CLITORIS
VAGINA
urine opening
anus
PENIS
TESTICLES

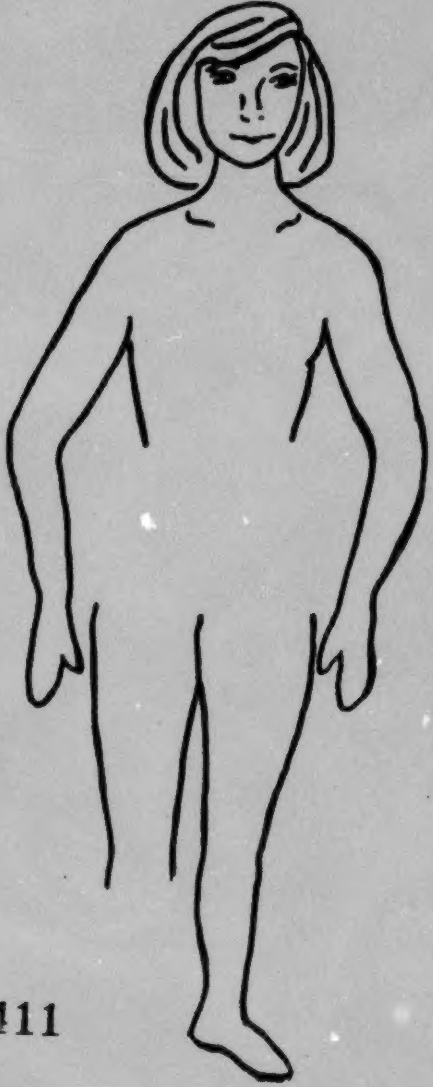
WORKSHEET # 3 Sex Organs and Waste Organs

Draw a line from missing part to correct location on body.

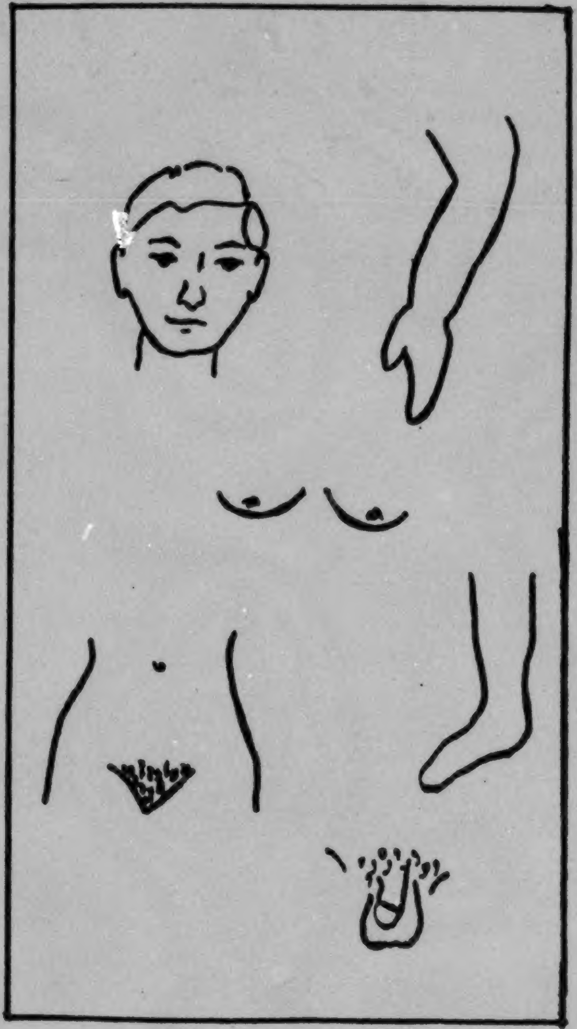
Cut out missing parts and paste on correct location.

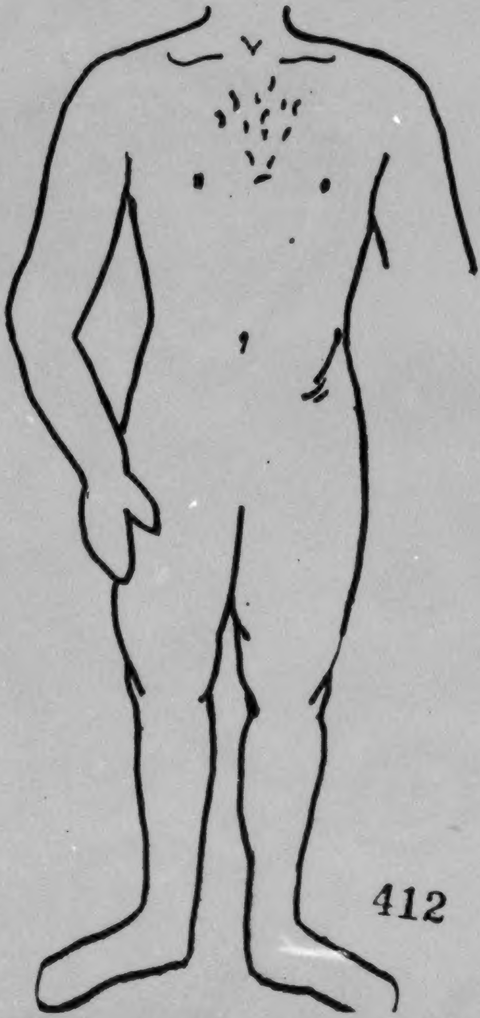
Draw in the missing parts.

MY NAME IS ______________________________



411



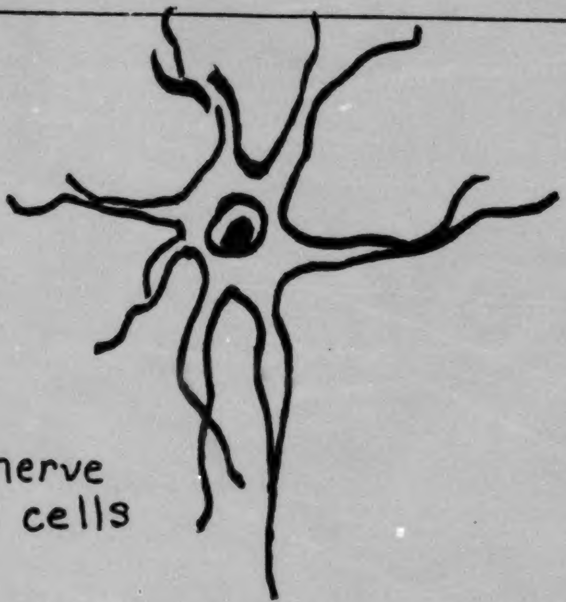


412

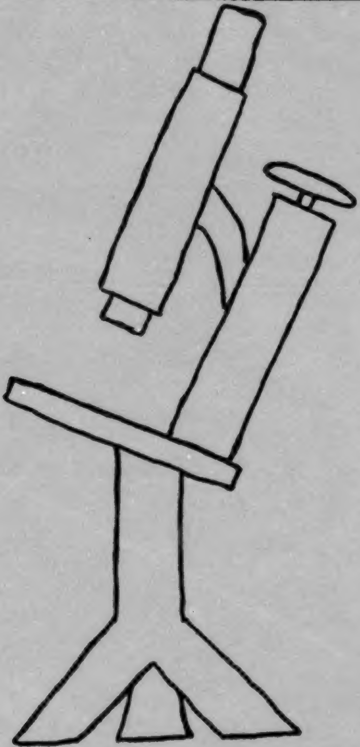
Identify cells and their function.
Circle (color) microscope.
Explain use of microscope.

WORKSHEET # 4 BODY CELLS

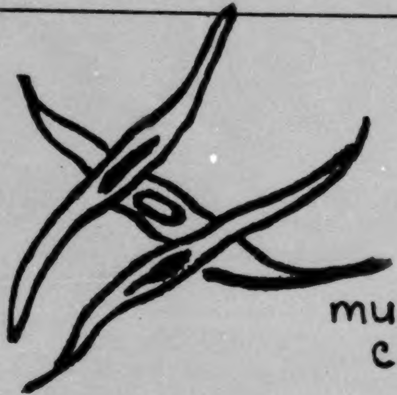
MY NAME IS ______________________________



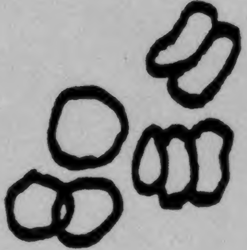
nerve cells



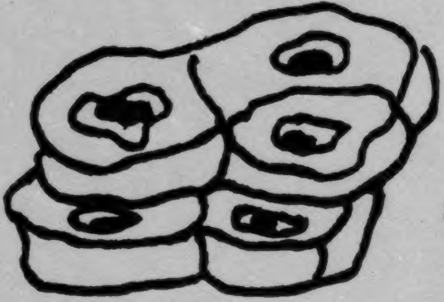
a microscope



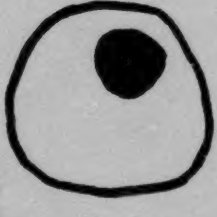
muscle cells



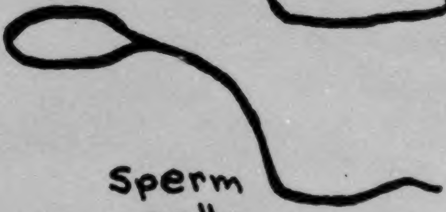
blood cells



skin cells



egg cell

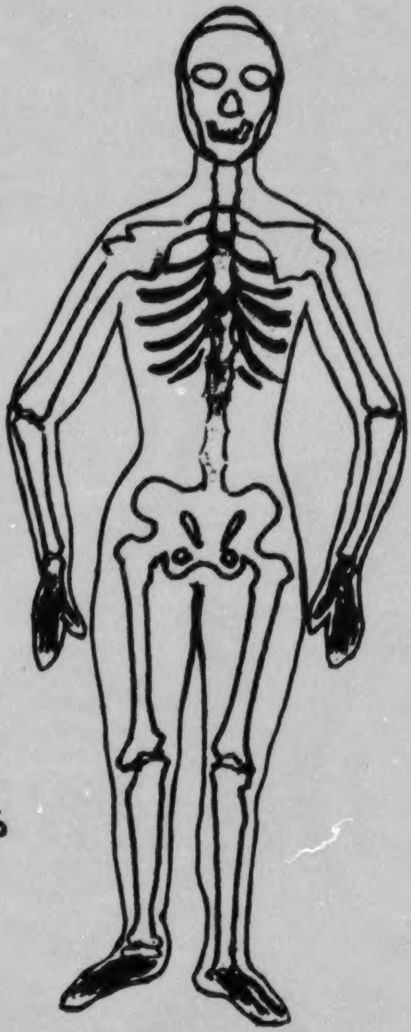


sperm cell

Circle these parts on the pictures and locate them on yourself: skull, rib, finger bones; neck, elbow, knee, and ankle joints; arm and leg muscles.

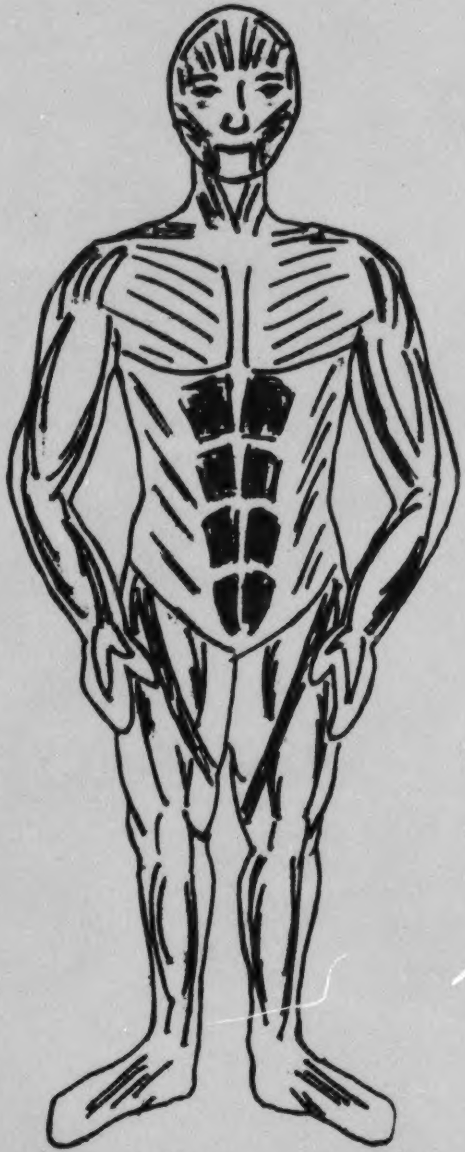
WORKSHEET # 5 Bones and muscles

MY NAME IS ____________________



BONES
and
Joints

415



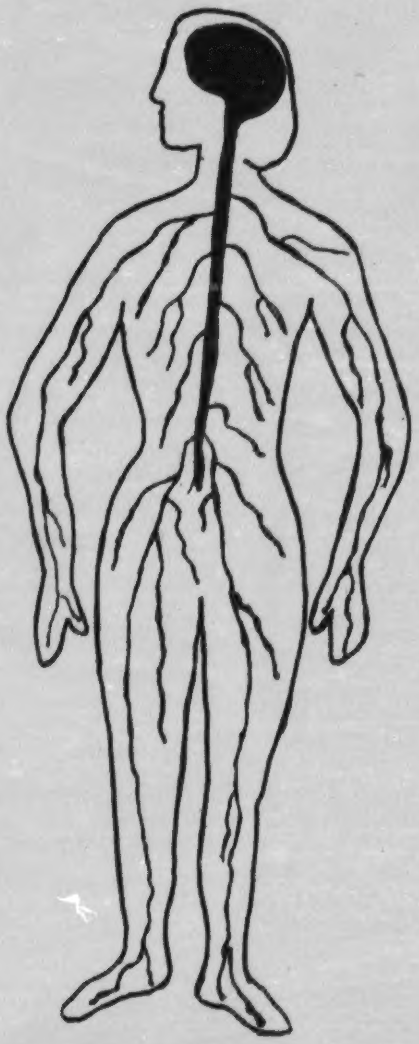
MUSCLES

416

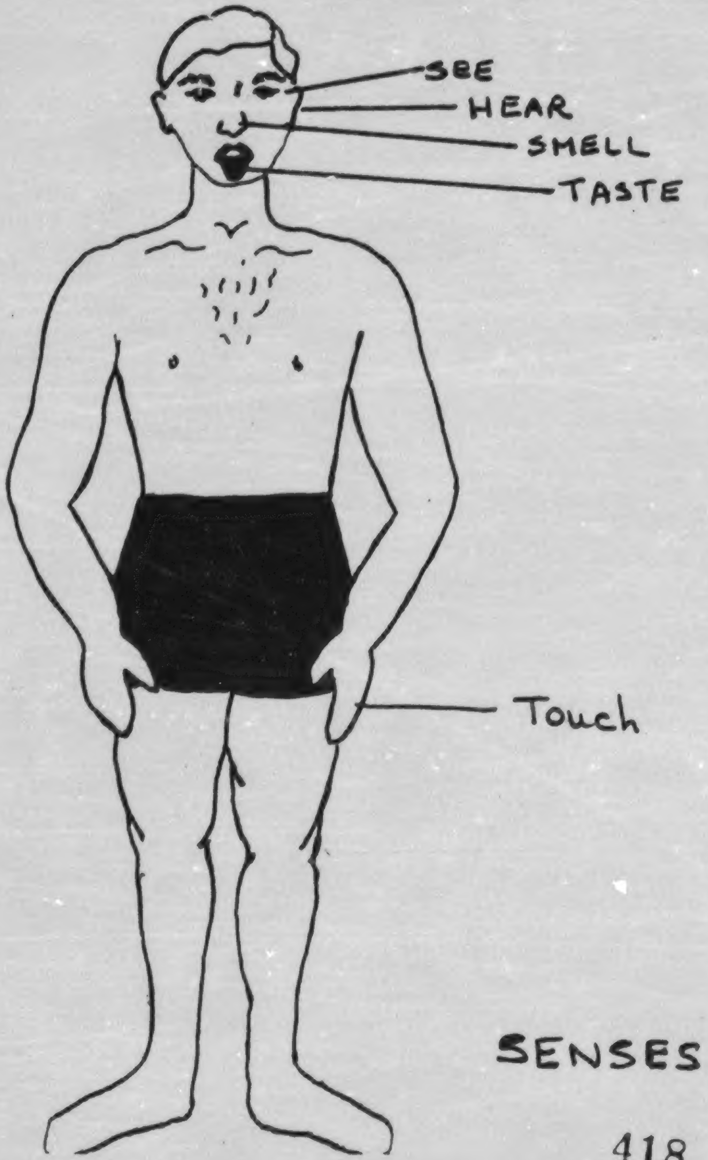
Locate the brain, spinal cord and the sense organs on the picture and yourself.
Demonstrate how each sense works.
Trace how the brain would send (receive) a message to the fingers.

WORKSHEET # 6 Brain, Nerves, and Senses

MY NAME IS ____________________



Brain and Nerves

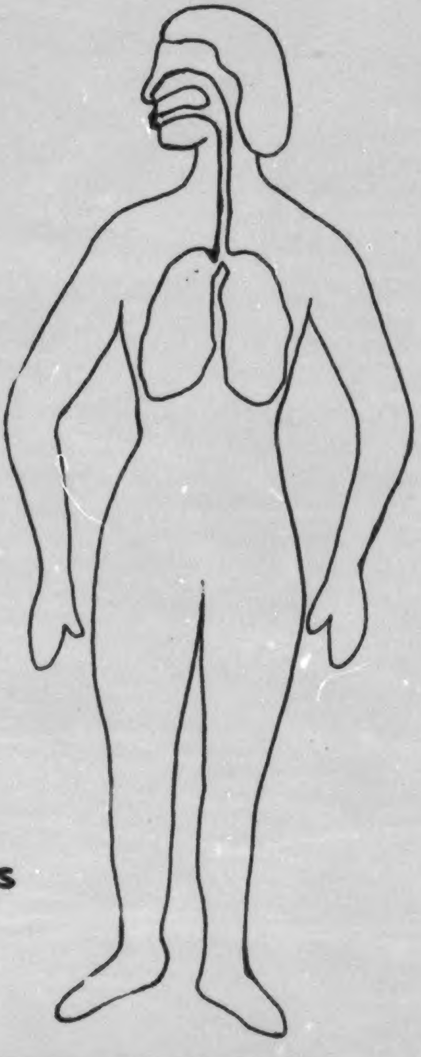


SENSES

WORKSHEET # 7 Heart and Lungs

MY NAME IS ______________________

Locate nose, mouth, and lungs; show how they work.
Circle the organ that pumps blood through the body.
Name it.
Locate veins on the picture and on yourself.



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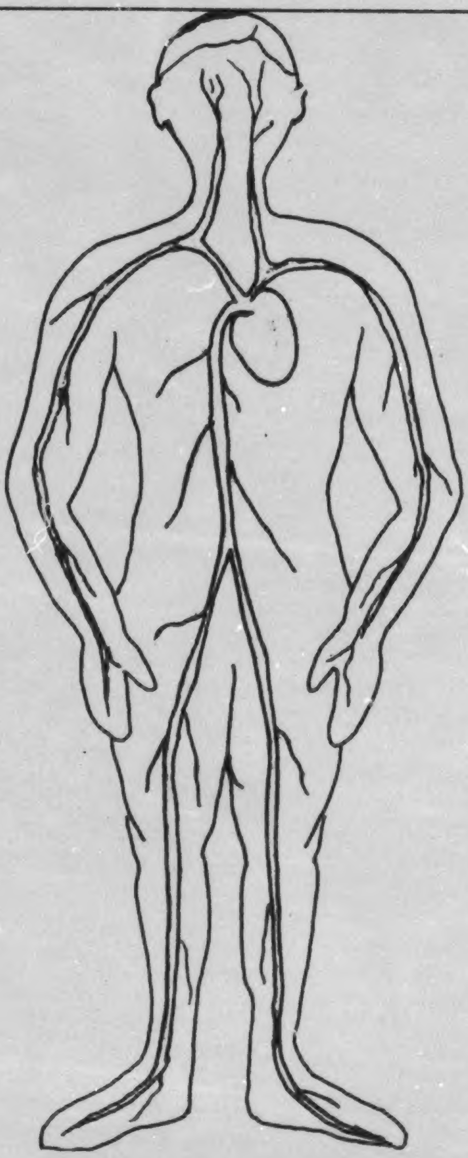


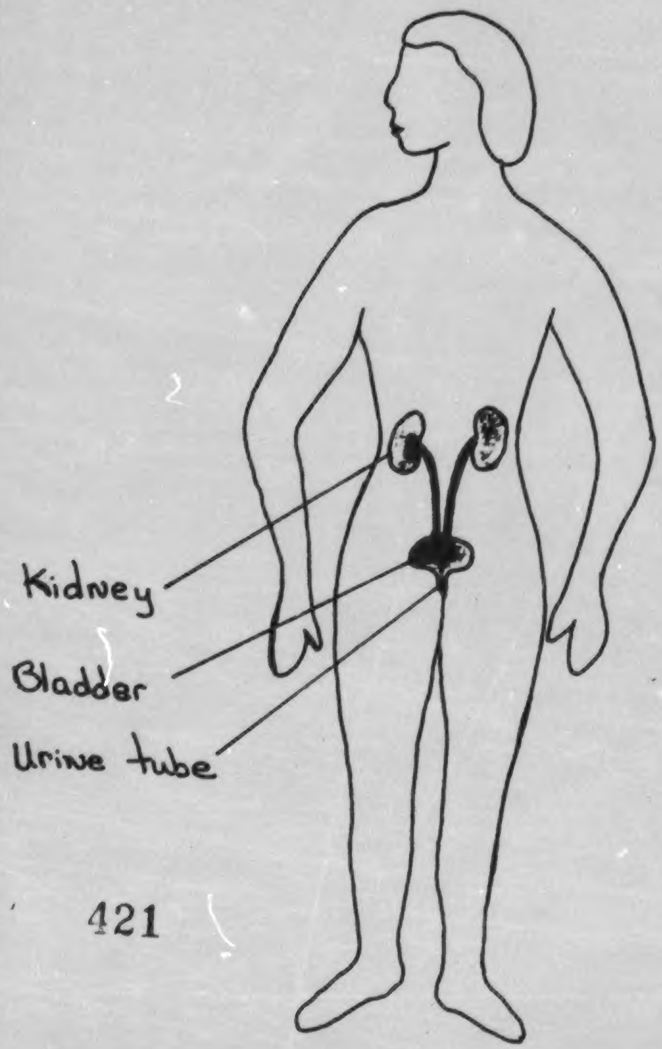
420

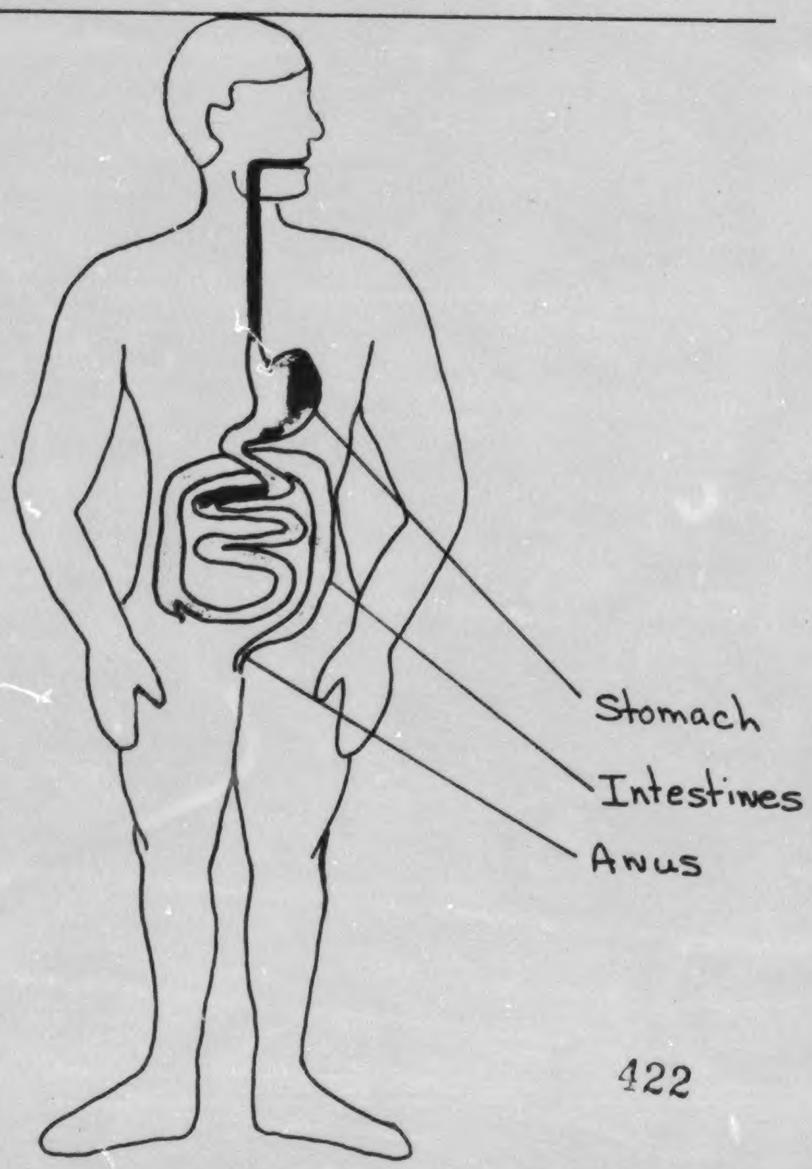
Trace the path food takes through the body.
Review the differences in male and female openings for urine and BM on worksheet #2.
Circle the waste system

WORKSHEET # 8

Digestive System and Waste System

MY NAME IS ____________________


Kidney
Bladder
Urine tube

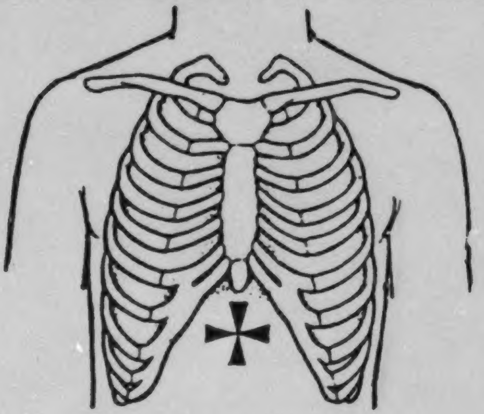

Stomach
Intestines
Anus

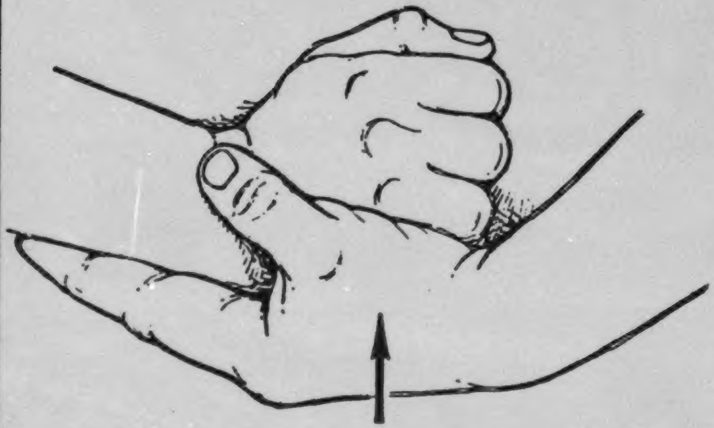
Caution:
This technique should only be taught by a medically trained person to carefully selected students.

WORKSHEET # 9

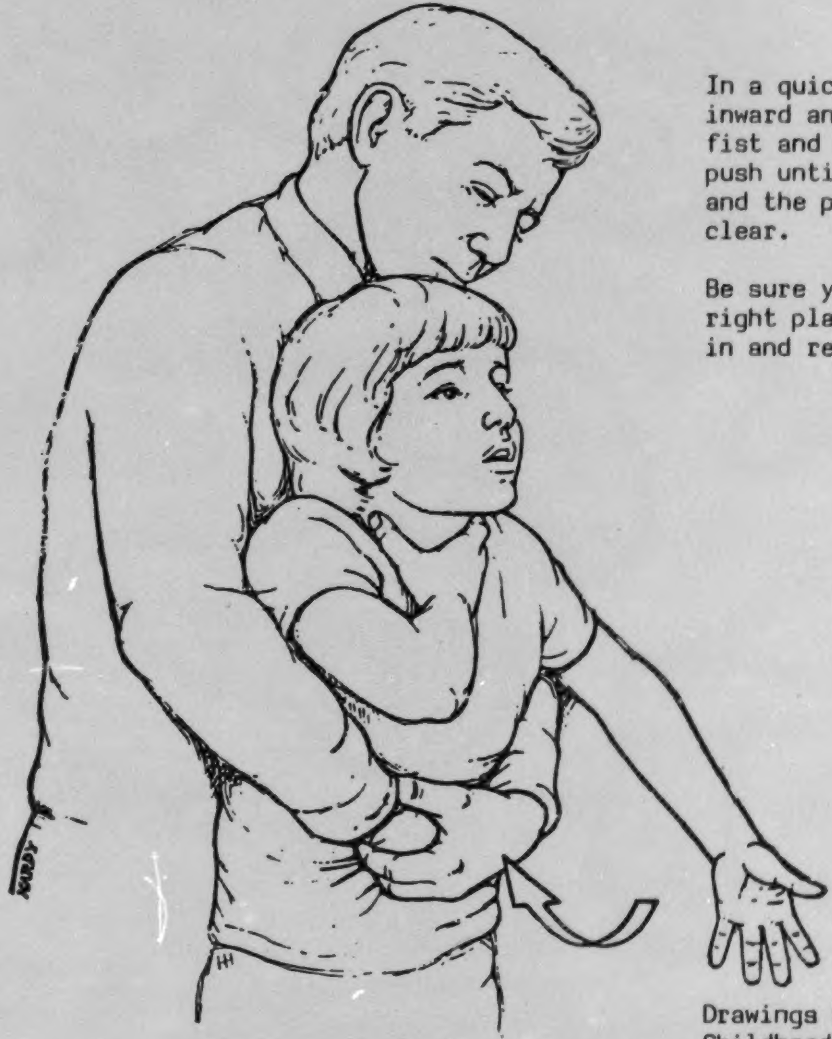
The Heimlich Maneuver:
How to Help Someone Who Chokes

MY NAME IS ______________________________





Stand behind the person who is choking; put your arms around the person and make a fist, knuckles up, thumb toward his or her body. Place your fist in the hollow space just below where the person's ribs come together. Cover your fist with your other hand.



In a quick movement, push inward and upward with your fist and hand. Repeat this push until the food pops out and the person's air tube is clear.

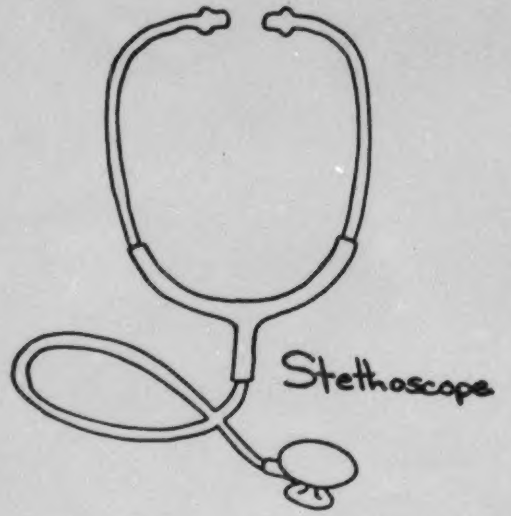
Be sure your hands are in the right place and that you push in and release quickly.

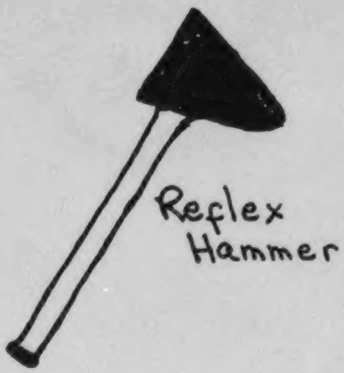
Drawings by Neil O. Hardy, Childhood Injury, Stein and Day, N.Y. 1978

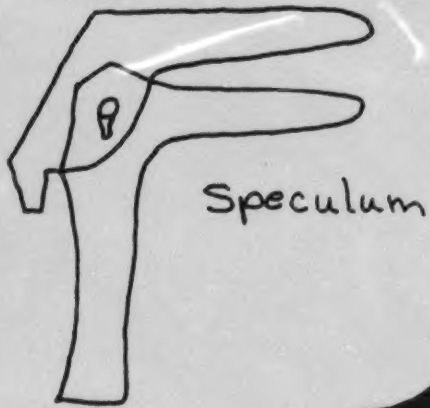
Identify each instrument and how it is used. Match each instrument with the location of its use on the body.

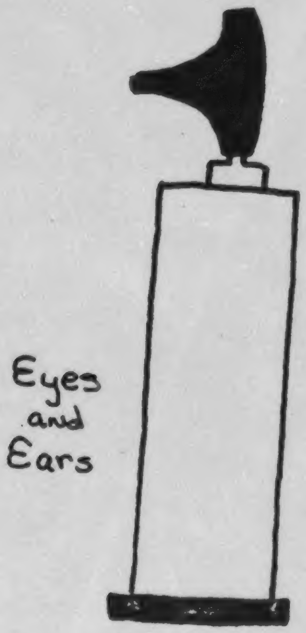
WORKSHEET # 10 Medical Equipment

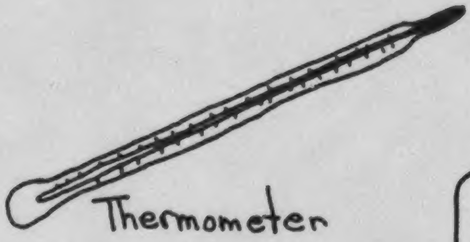
MY NAME IS ______________________________

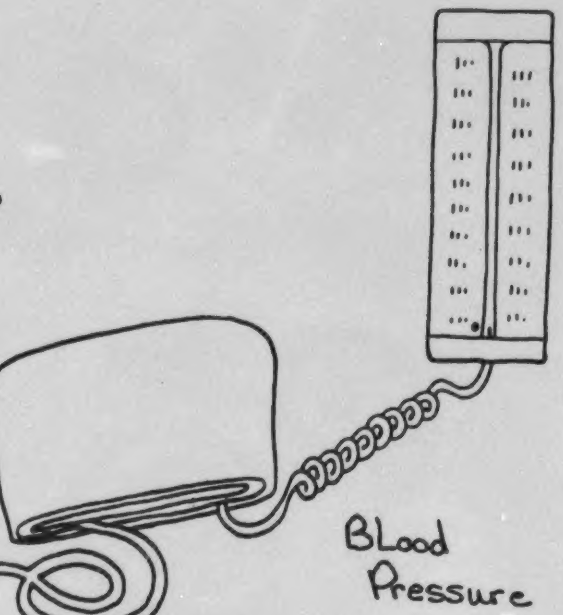

Stethoscope


Reflex
Hammer




Eyes
and
Ears


Thermometer


Blood
Pressure

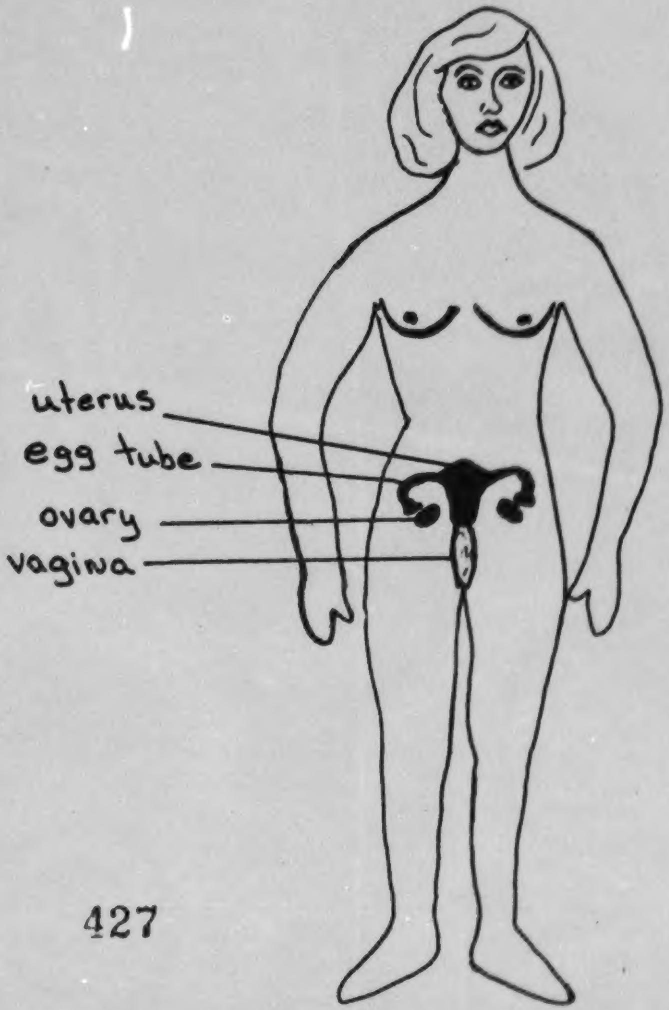
425

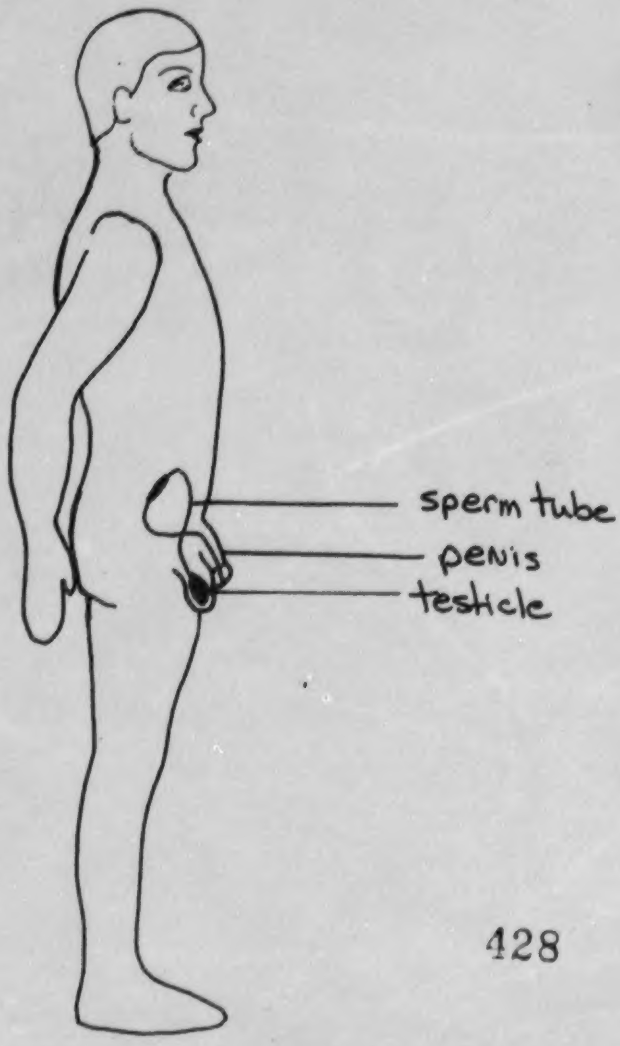
426

Identify the woman's (man's) sex organs and their function.
Trace the path of sperm from testicle to penis.
Trace the path of an egg from ovary to vagina.

WORKSHEET # 11 Internal Sex Organs

MY NAME IS ______________________________

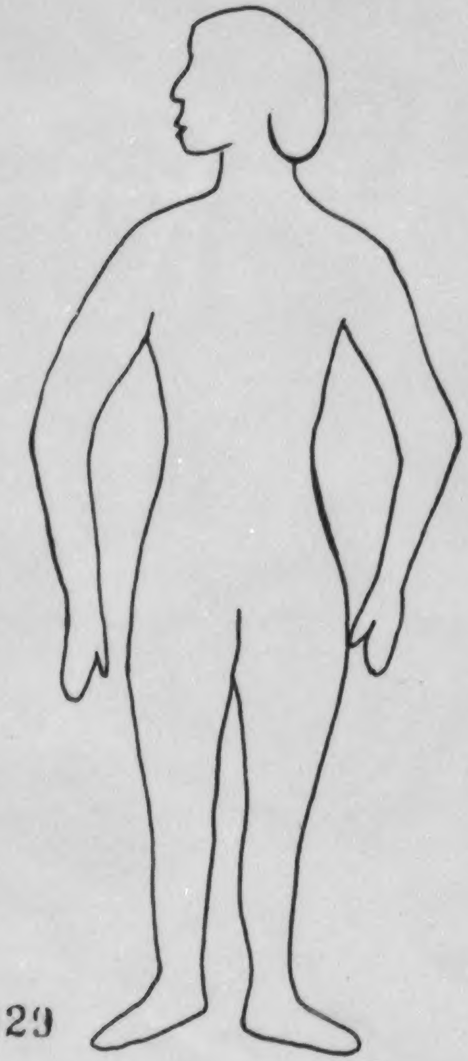

uterus
egg tube
ovary
vagina

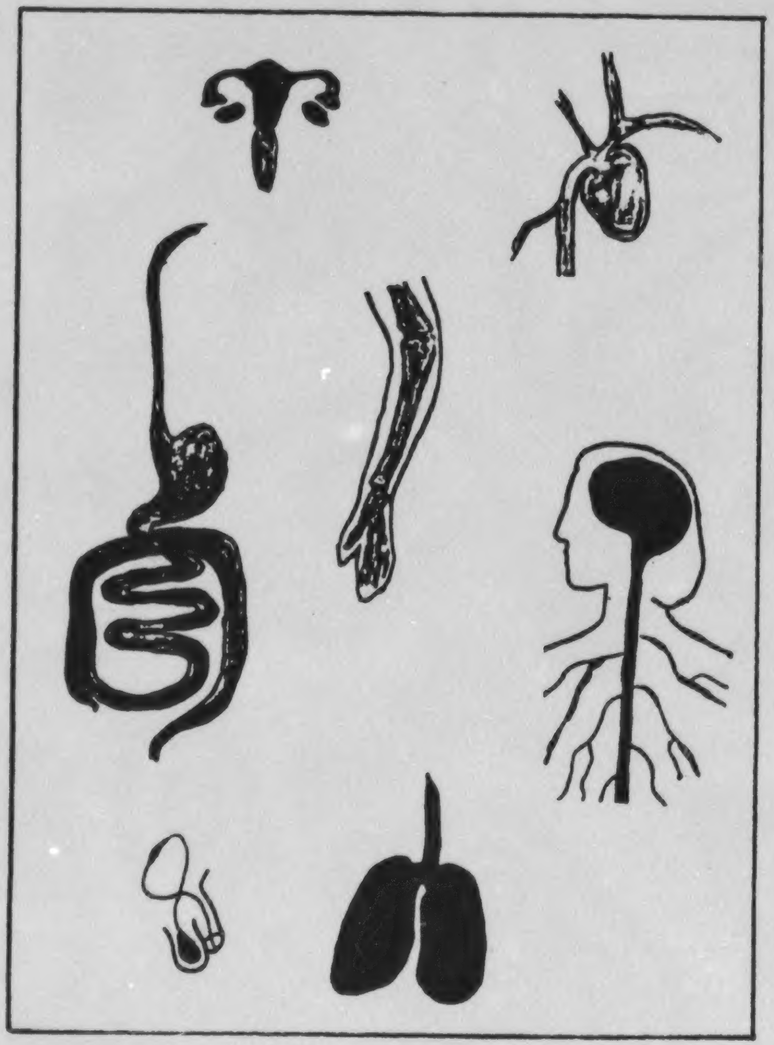

sperm tube
penis
testicle

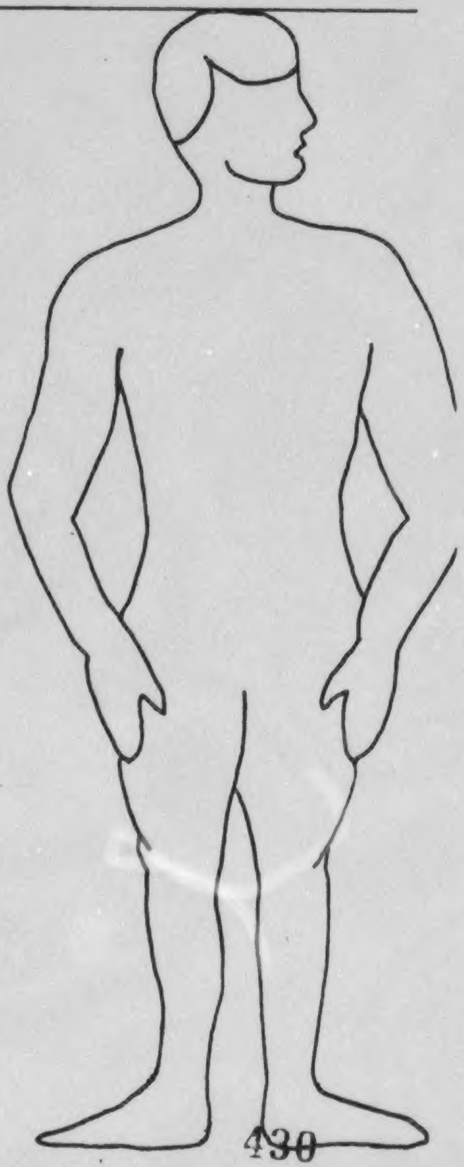
WORKSHEET # 12 Internal Organs

MY NAME IS ______________________________

Draw a line for each missing part to its correct location on the body.
Cut out each part and paste it in its correct location.



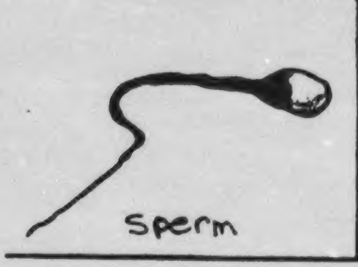


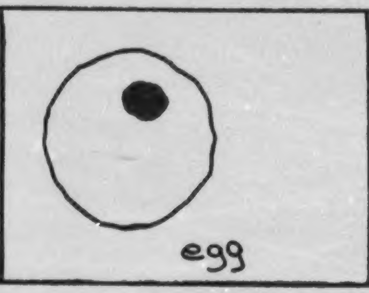


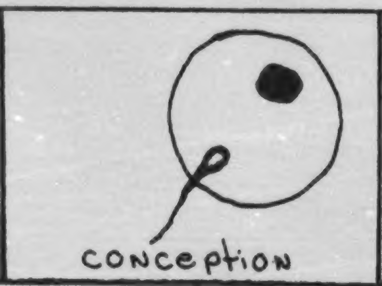
Identify what has to happen to start a baby;
where the baby grows; where the baby comes out.
Cut out pictures and arrange in order.
Use with worksheets #11 and #2.
Identify what the man contributes to reproduction,
the woman.

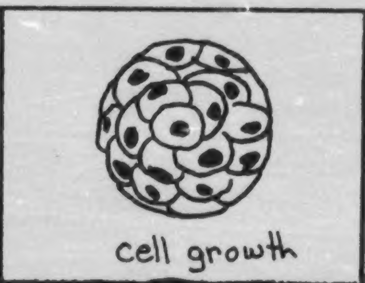
WORKSHEET # 13 Human Reproduction

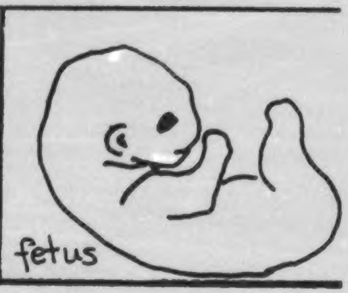
MY NAME IS ____________________

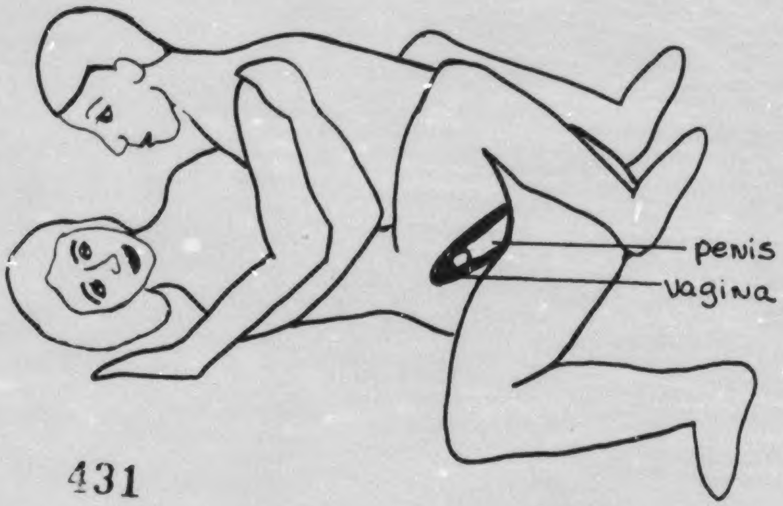

sperm


egg


conception

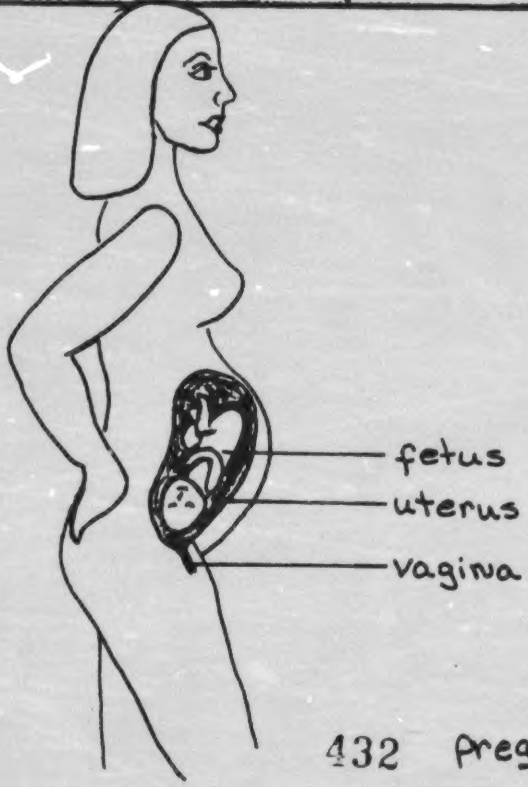

cell growth


fetus



431

sexual intercourse

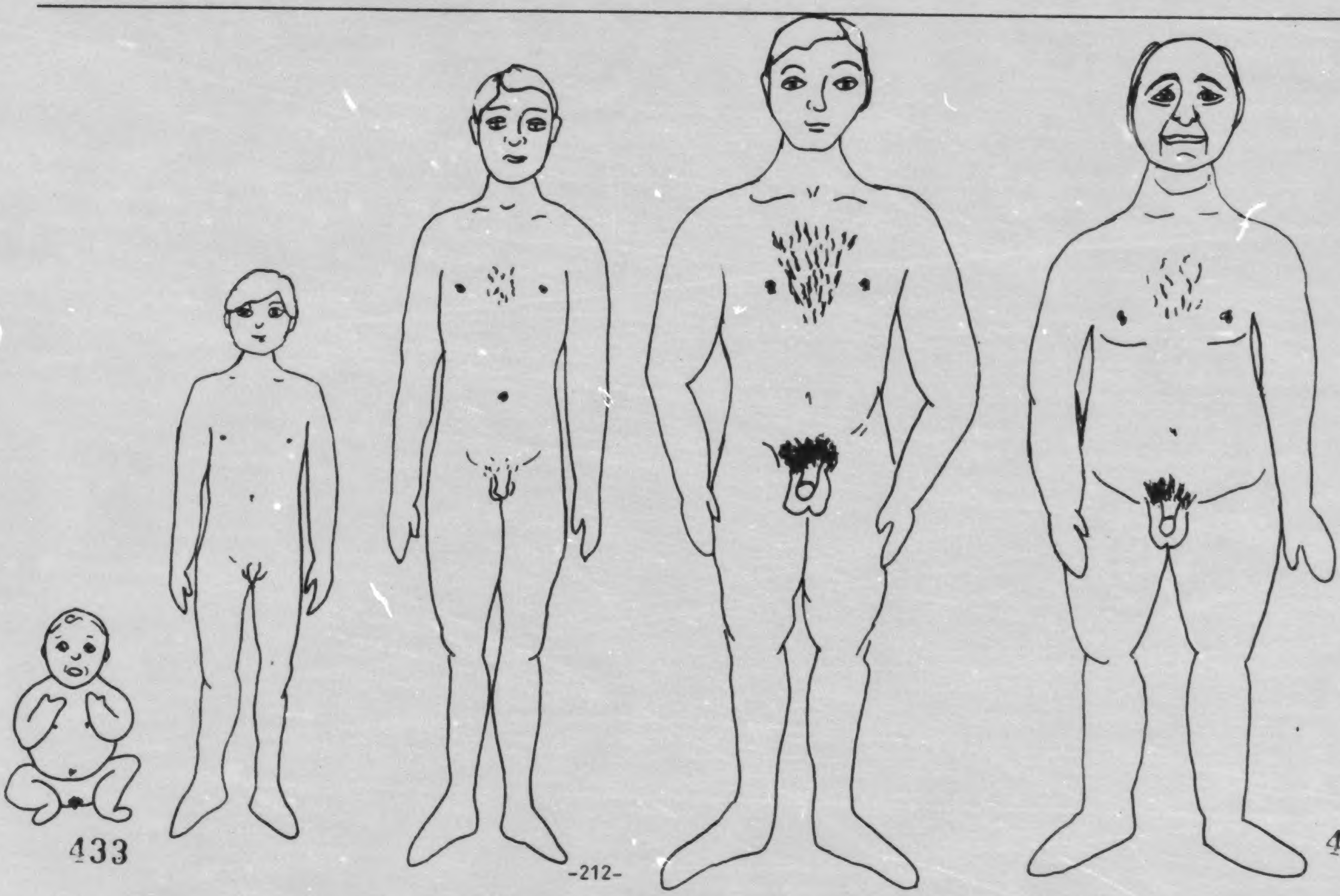


432 pregnancy

Cut out and arrange pictures in order by age.
Circle the one most like yourself.
Match with magazine pictures of men at similar ages.

WORKSHEET # 14 Male Life Cycle

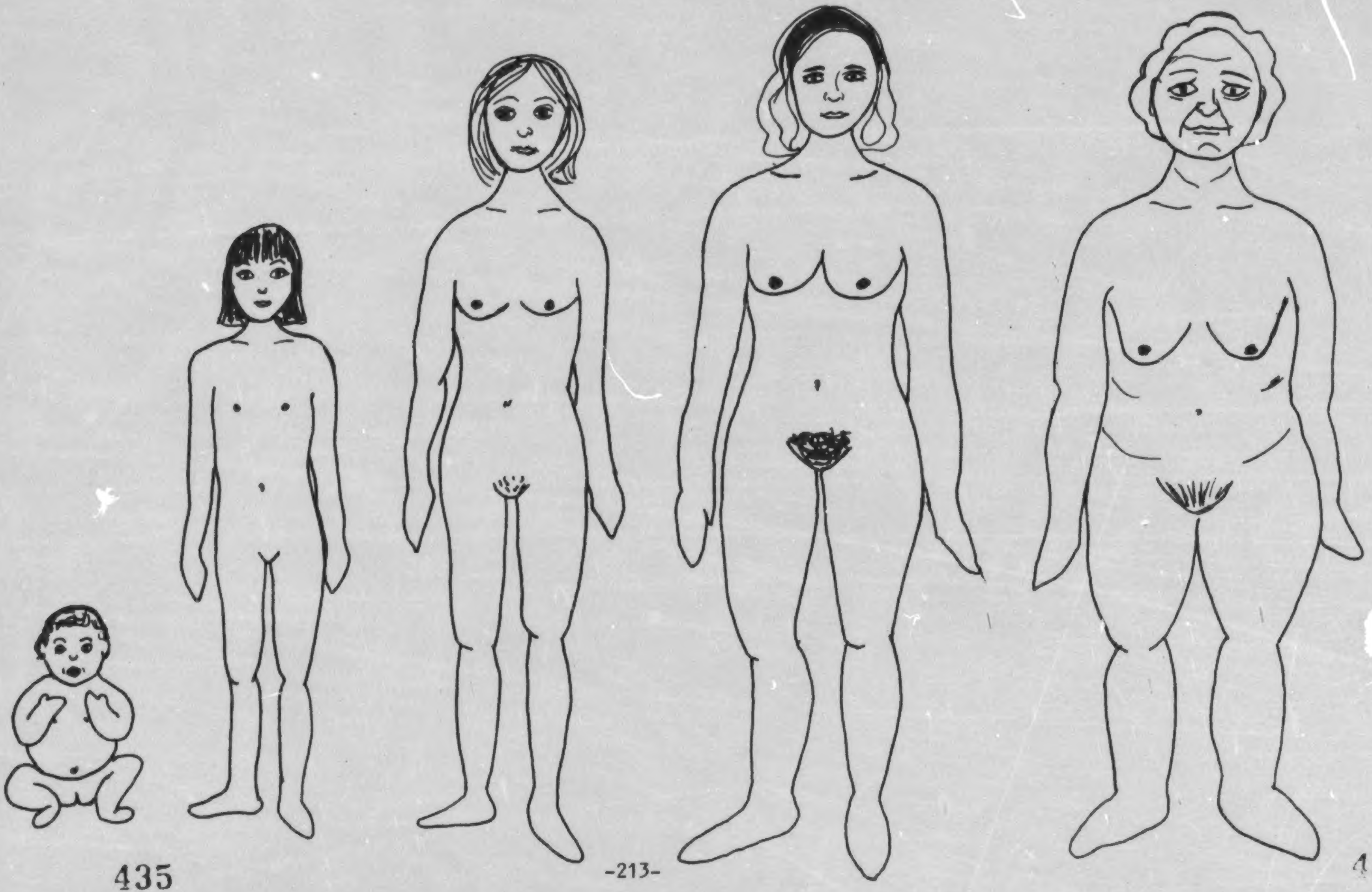
MY NAME IS ____



Compare with worksheet #14 and combine activities. Identify the changes in individual body parts over time.

WORKSHEET # 15 Female Life Cycle

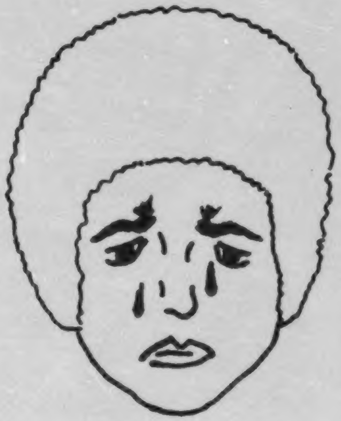
MY NAME IS ______________________________

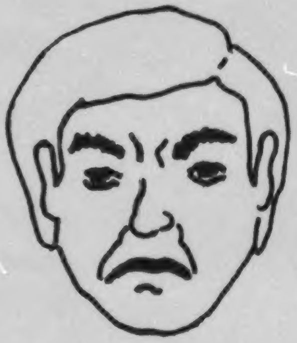


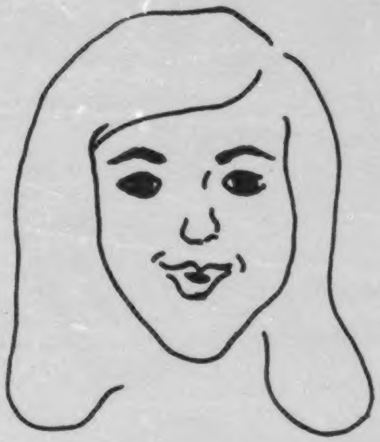
WORKSHEET # 16 Feelings

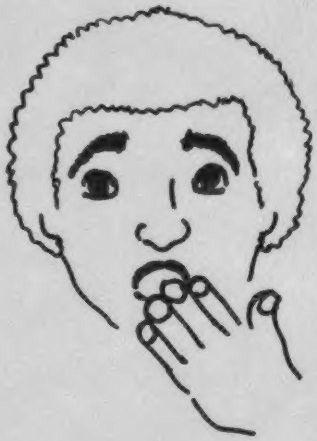
Name each feeling.
Attach spinner to middle of sheet; participants spin and act out the feeling shown.
Relate a personal experience for each feeling.

MY NAME IS ____________





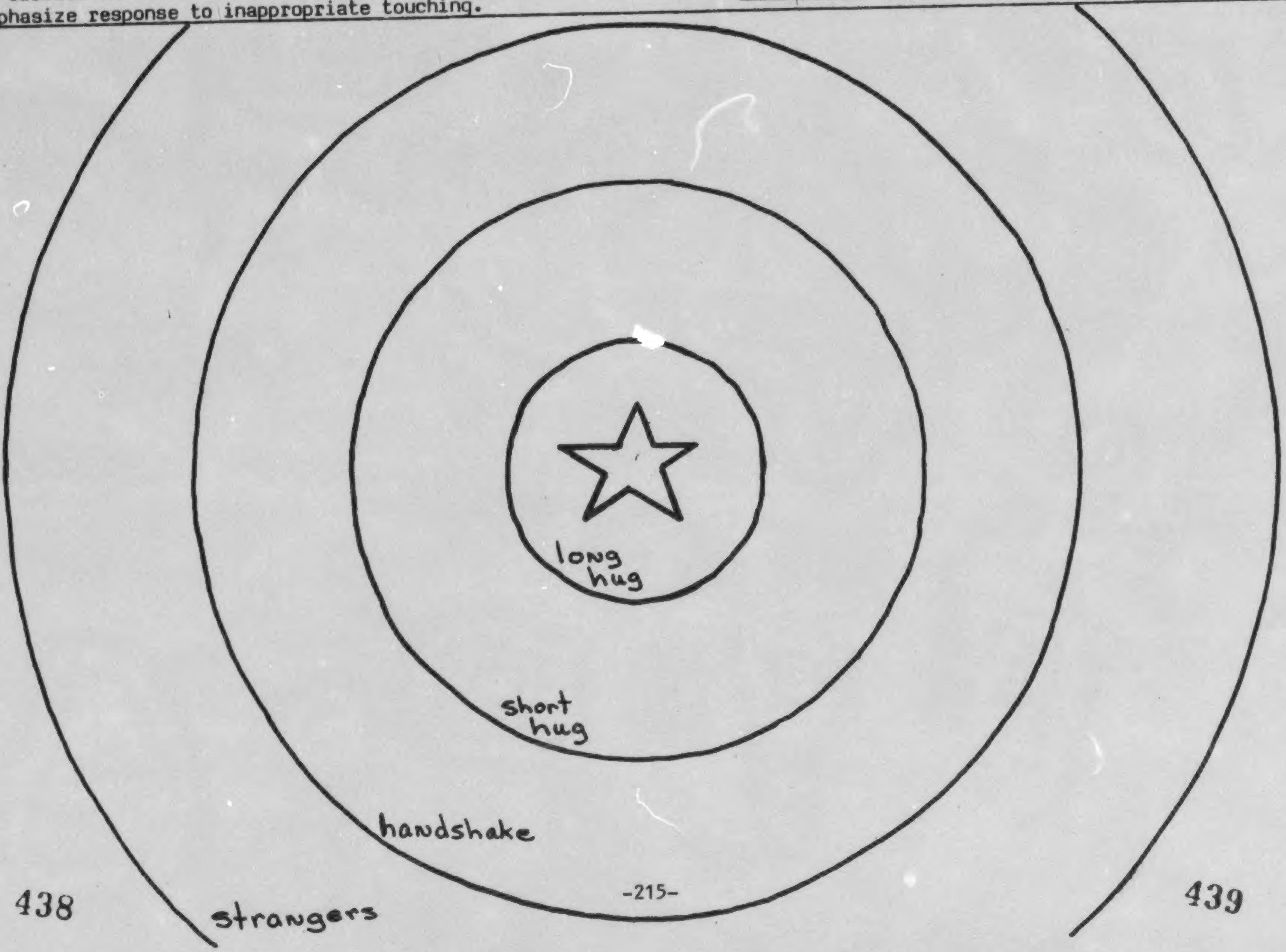




Have each group menber personalize their star.
Identify individuals in each person's circles.
Draw circles on the floor. Role play greetings.
Emphasize response to inappropriate touching.

WORKSHEET # 17 Circles

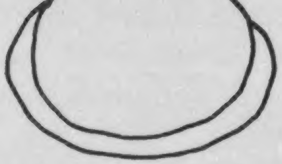
MY NAME IS ______________________________

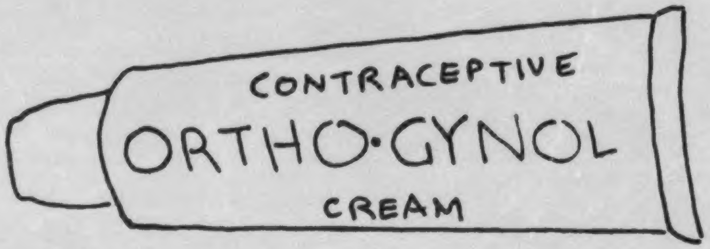

long hug
short hug
handshake
strangers

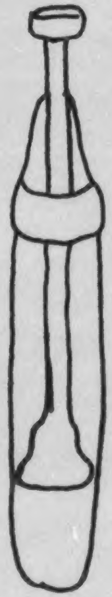
Name each contraceptive and tell how it is used.
Identify which contraceptives: help prevent VD; are used by a woman; are used by men; need a doctor's prescription; are the most effective.

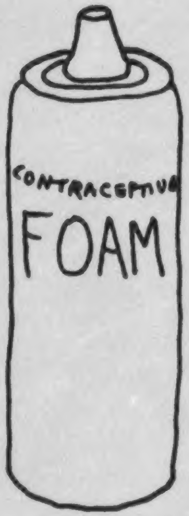
WORKSHEET # 18 Contraceptives

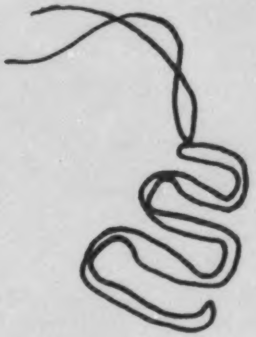
MY NAME IS ______________________________

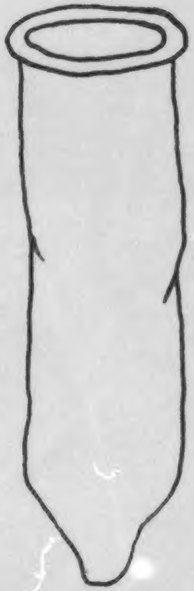


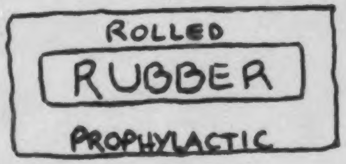

CONTRACEPTIVE
ORTHO·GYNOL
CREAM

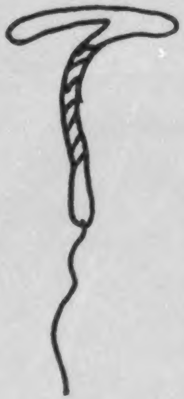


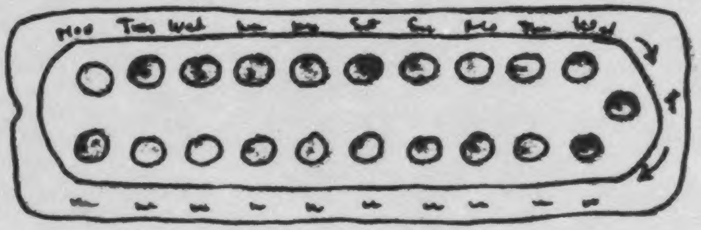

CONTRACEPTIVE
FOAM






ROLLED
RUBBER
PROPHYLACTIC



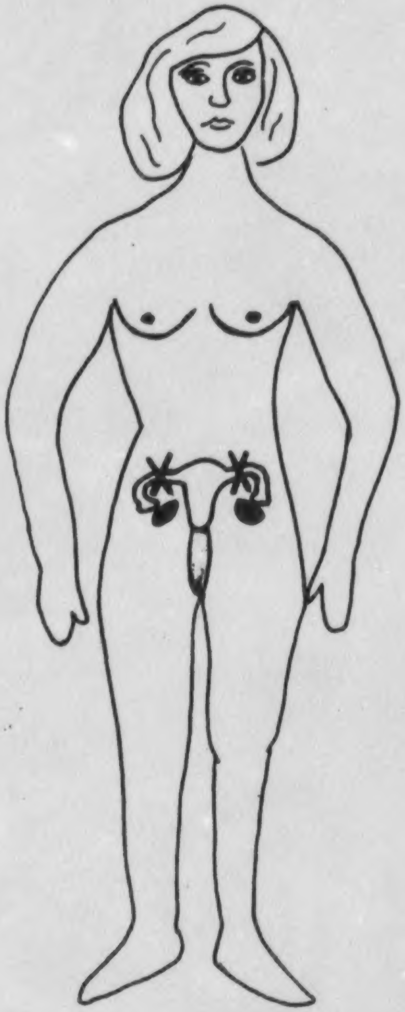

Mon
Tue
Wed
Sat
Sun
Mon
Tue
Wed

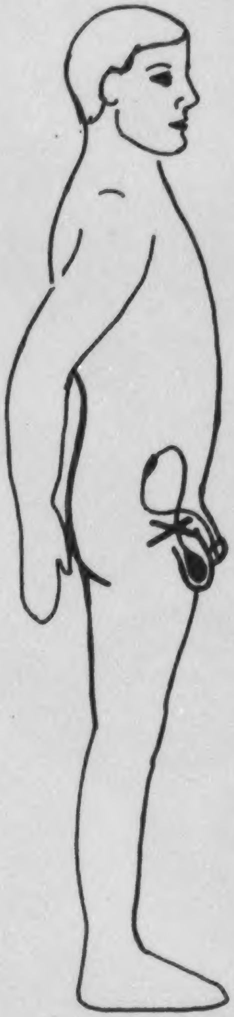
WORKSHEET # 19 Sterilization

MY NAME IS ______

Xs mark the places where sperm or egg tubes are cut and sealed; highlight them in red.

How many tubes does the woman have to be cut and sealed? The man? (He has two-one on each side!)



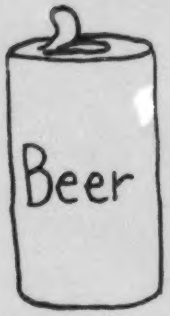


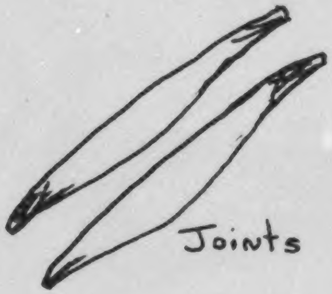
WORKSHEET # 20

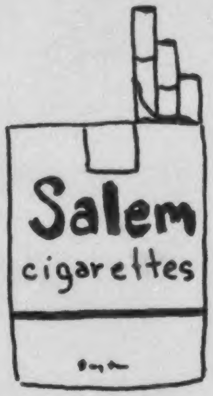
Social Drugs and Street Drugs

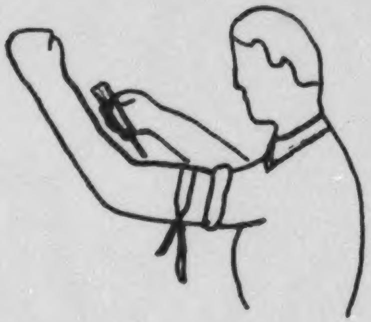
Identify street drugs and show how they are used.
Identify social drugs and show how they are used.
Which look like helpful drugs? How can you tell they're not.

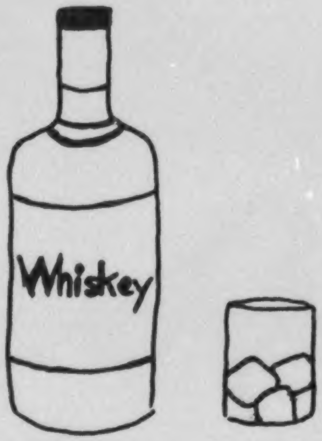
MY NAME IS ____________________

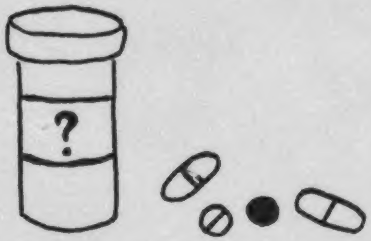





Salem
cigarettes



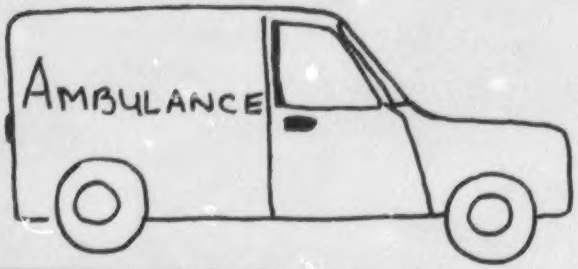


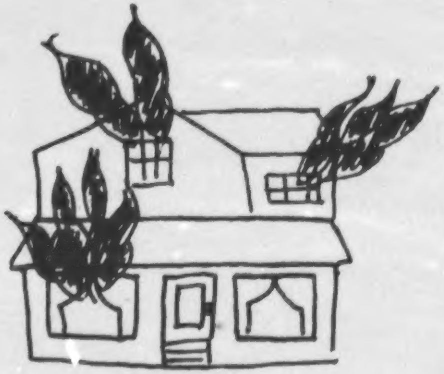


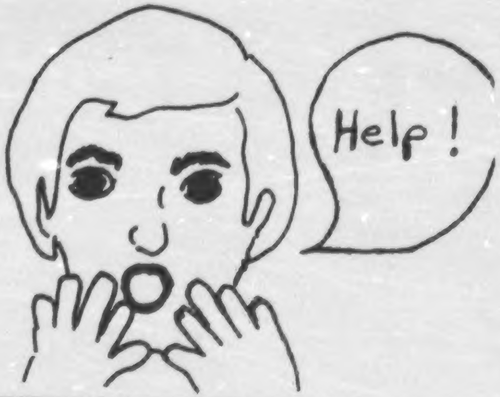
Identify which pictures show emergencies; ways of getting help; what happens.
Cut out pictures; put in sequence
Role play each emergency.

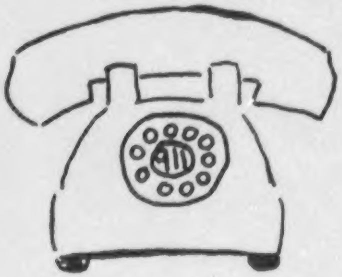
WORKSHEET # 21 Emergencies

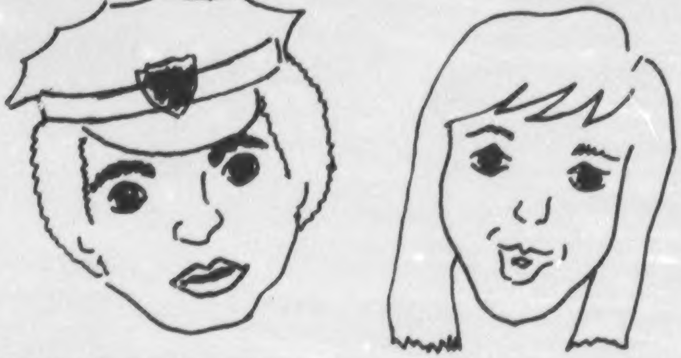
MY NAME IS ____________________

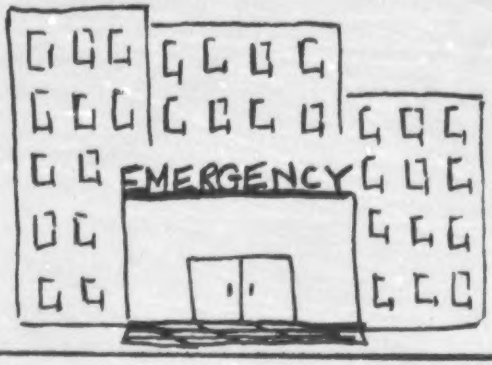


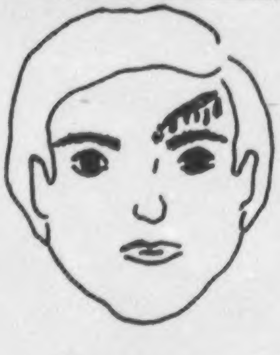


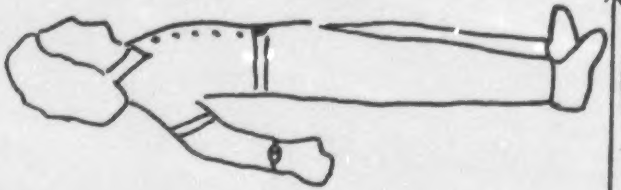


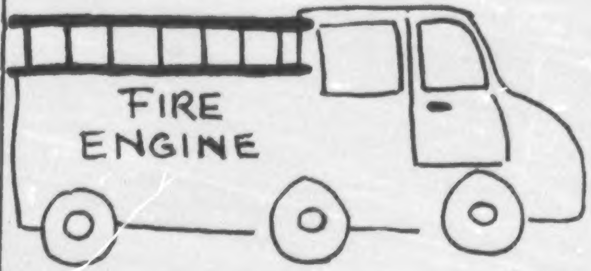











FIRE
ENGINE

RIGHTS OF DEVELOPMENTALLY DISABLED PERSONS

According to the New York State Office of Mental Retardation and Developmental Disabilities, the developmentally disabled are entitled to the following basic rights:

1. All rights of citizens of the United States and residents of New York State.
2. The same respect and dignity that should be extended to every person regardless of race, religion, national origin, creed, sex, ethnic background, or handicap.
3. The right to a normalized life style.
4. The right to active programming.
5. The right to object to specific aspects of programming.
6. The right to register and vote in elections.
7. The right to practice the religion or faith of choice.
8. The right to assistance from Mental Health Information Service.
9. The right to information about and regulation of conception.
10. The right to carry apregnancy to term or to have an abortion.
11. The right to receive, own, and use personal belongings.
12. The right to protection from neglect, abuse, maltreatment, and restraints.
13. The right to confidentiality of records.
14. The right to communicate, associate, and meet privately with other individuals of choice where this does not infringe upon the rights of other persons.
15. Freedom to make decisions.
16. Freedom of speech.
17. Freedom of movement.
18. The right to be gainfully employed.
19. The right to marry and have a family.
20. The right to be part of a family.
21. The right to due process of law.
22. The right to ownership.
23. The right to privacy.
24. The right to send and receive personal mail unopened.
25. The right to have opportunities for developing the potential they possess.
26. The right to a stimulating learning environment.
27. The right to participate in age-appropriate activities.
28. The right to continunity of services/treatment.
29. The right to individualization within a community residence setting.
30. The right to participate in community/neighborhood activities.

In a 1971 resolution, the United Nations spelled out those rights that are particularly important to the mentally retarded, precipitating many changes around the world in how the mentally retarded are perceived and treated. This Declaration on the Rights of Mentally Retarded Persons set forth seven points.

---

1. "The mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings."

2. "The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential."

3. "The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work, or to engage in any other meaningful occupation to the fullest possible extent of his capabilities."

4. "Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life. The family with which he lives should receive assistance. If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life."

5. "The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well being and interests."

6. "The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If prosecuted for any offense, he shall have a right to due process of law with full recognition being given to his degree of mental responsibility."

7. "Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic review and to the right of appeal to higher authorities."

New York State Department of Mental Hygiene
Directive
Policies and Procedures for Mental Retardation
Subject: Human Sexuality
Policy Statement

This is a copy of a policy statement issued by the New York State Office of Mental Retardation and Developmental Disabilities. It was issued in May, 1977.

POLICY:

Each facility shall adopt a policy on the sexuality of developmentally disabled individuals with procedures for operation of the facility and staff development to implement that policy. The policy of each facility shall be based on the principle of normalization and shall address the following goals.

1. To provide a base of support from which to develop appropriate staff attitudes, client-centered living arrangements and goal-oriented programming.

2. To facilitate adaptive, age-appropriate heterosexual socialization of clients with peers, counseling related to human sexuality; and education in human sexuality.

3. To acknowledge that the sexuality of developmentally disabled persons, like that of others, should be expressed as part of the total context of human relationships; to encourage expressions of sexuality that are age-appropriate, that reflect developmental or social sequences, and that consider normative community standards or statutes of the State of New York.

4. To protect developmentally disabled individuals from injury to self or others, and from sexual exploitation. If an individual's sexual expression is self-centered and devoid of social content (e.g., masturbation), then it shall be a singular act reserved for that client's private domain.

5. To include provision for review of any facility policy which stigmatizes or discriminates against developmentally disabled individuals as sexual human beings.

SAMPLE POLICY STATEMENT

This is another sample of a policy statement. It was revised in June, 1980 by Sam Nussbaum and Elena Guagenti-Tax for Letchworth Village Developmental Center (Thiells, New York).

Premise:

Aspects of human sexuality are evident in all people including developmentally disabled individuals. As such, it is necessary and understandable that the residents and clients have available from Letchworth Village Developmental Center information and guidance necessary for understanding and expressing their sexuality consistent with their exhibited behavior and level of functioning.

Policies:

Residents or clients shall have, as a fundamental human right, access to information and education regarding their sexuality, consistent with their level of development, and including moral training consistent with their familial and religious views.

This information and education, along with individual guidance and counselling, shall be geared to helping the resident or client make responsible choices regarding the acceptable expression of his/her sexual needs and desires. It is necessary that the individual's sexuality not be separated from any of the treatment modalities that we provide. The issues of heterosexual involvement, masturbation, or homosexuality should be dealt with by an individualized approach based on the exhibited behavior of the resident and the recommendations of the treatment team.

All vulnerable residents or clients shall be protected from sexual exploitation by other residents, employees or others. Direct sexual expression or sexual activity must be recognized as a normal aspect of human behavior and an important factor in overall growth and development. However, when sexual activity manifests itself at inappropriate times or places then it should be rechanneled.

Age appropriate expressions of sexuality that reflect developmental or social sequences, and that consider normative community standards or statutes of the State of New York are to be encouraged.

Family planning, contraceptive and abortion services, and information and services intended to prevent venereal diseases shall be made available to residents or clients as appropriate (refer to New York State Code of Regulations, Part 27 "Quality of Care and Treatment," Section 27.6). Where desired and deemed useful counselling for parents and other relatives shall be offered.

If an individual's sexual expression takes the form of self-stimulation, then it shall be reserved for the residents "private domain" or an area appropriate for that resident. What is considered "private" may vary according to level of functioning.

Homosexuality may or may not reflect an individual's preference. Through extended exposure, education and experience, residents or clients should be encouraged to socialize with the opposite sex.

All observed episodes of homosexual, heterosexual or self-stimulatory activity shall require counselling, documenta-

Letchworth Village (cont)

tion and review by the treatment team to determine if further habilitative intervention is indicated.

Excluding cases of exploitation, at no time should a resident or client's expression of individual sexuality result in punishment either physical or psychological. Expressions of sexuality may be curtailed if deemed to be detrimental to the health and functioning of the resident, as determined by the treatment team.

If sexual activity between two individuals is observed, it should eventuate in an intervention, the purpose of which is to rule out exploitation and assess educational needs.

(Additional references on policy appear in the bibliography.)

A SAMPLE POLICY STATEMENT

The following is a copy of a policy statement, prepared by a group home staff, that relates to the questions of privacy and sexual behavior for the mentally retarded residents of the group home. The usual procedure is to submit the statement to the agency's Board of Directors for approval.

---

1. Private areas of the residence include bedrooms [when door is closed] and bathrooms. All persons, including staff, should knock before entering a private area.

2. Residents may be nude or in their underwear in private areas in front of residents of the same sex and staff of either sex.

3. Masturbation is permitted in private areas of the residence.

4. Bathrooms should be used by only one resident at a time with the door closed. Staff members of either sex may be present with a resident in the bathroom, if their presence is necessary for training or assistance.

5. Heterosexual intercourse between residents should be permitted in a private place if the following conditions are met:
   a) Both partners have been counseled.
   b) Both partners are consenting.
   c) Both partners have received sex education.
   d) Effective birth control techniques are used.

6. Homosexual intercourse between residents should be permitted in private places and counseling and education should be provided.

7. If a resident needs guidance in learning sexual techniques, outside help should be sought. Residence staff should not have to provide such instruction.

SAMPLE LETTER

This sample letter was used by one agency to introduce the EDUCATION FOR ADULTHOOD program to parents and caretakers. It was written on agency letterhead.

August 1, 1981

Dear ____________________,

On _____, 1982, ________________________ will begin participation in an educational program.

The program, called EDUCATION FOR ADULTHOOD, is designed to help developmentally disabled persons understand and cope with various aspects of adult living. The first six sessions will cover two major topics: "Understanding Your Body," and "Relating Person to Person." It includes basic anatomy, individual and gender differences, concepts of privacy, and responsibility for self-care. It will also cover appropriate behavior in group settings. The subject matter will be adapted to the level of each resident.

Classes will meet once a week and two staff persons will lead the one-hour sessions. Group home staff will also attend and help with follow-up activities.

On Monday, August 10th at 7:00 p.m. we will hold an orientation session for parents and guardians. This meeting will be held at ________________. A more detailed explanation of the program will be offered at that time.

Please call me at ____________ if you have any questions and to let me know if you plan to attend the orientation session.

Your interest is encouraged.

Sincerely yours,

Residence Supervisor

SAMPLE LETTER

This is another sample letter introducting EDUCATION FOR ADULTHOOD to parents and caretakers. It was also written on agency letterhead.

May 10, 1980

Dear ________________________,

Mr./Ms. ____________________ has been selected to participate in our EDUCATION FOR ADULTHOOD program. The overall curriculum will cover the following areas:

I. Understanding Your Body
II. Experiencing Your Life Cycle
III. Sharing Your Feelings
IV. Accepting Your Handicap
V. Expressing Your Sexuality
VI. Relating Person to Person
VII. Keeping Yourself Fit.

Groups composed of 6-8 individuals plus two counselors will meet weekly for one-hour sessions over a number of months. The material covered will vary according to individual and group experiences and needs.

As always, your continued interest and cooperation is appreciated. Please feel free to call should any questions arise.

Sincerely,

Workshop Counselor

LENDING LIBRARY OF TEACHING AIDS

The materials listed below are available at the Staten Island Mental Health Society's Center for Developmental Disabilities and may be borrowed for use in work with your groups. Individuals who borrow materials must arrange for their pick-up and return and will be held responsible for any damage or loss.

Activities Cards
A. "Know Yourself" by Robert Sornson
1) Group Activities
2) Expressing Oneself
3) Self-Awareness
Educational Activities, Inc.
Freeport, New York 11520

B. "Got To Be Me" by Meryl Harmine, Ph.D.
Argus Communications
Developmental Learning Material
7440 Natchez Avenue
Niles, Illinois 60648

Adult Dolls
"Jim and Mary"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406

Books, Articles and Pamphlets
Those marked with an asterisk in the bibliography as well as other general references.

Charts
A. "Human Body Systems"
2 ft. wall charts
Trend Enterprises, Inc.
1978
T-748

B. "Inside Me"
8½ x 11 picture cards of human body systems
Developmental Learning Material (DLM)
7440 Natchez Avenue
Niles, Illinois 60648

Contraceptive Sample Kit
Ortho Pharmaceutical Corporation
Raritan, New Jersey 08869

Films
"Board and Care"
Pyramid Films
Box 1048
Santa Monica, California 90406

"On Being Sexual"
Stanfield House
12381 Wilshire Boulevard
Suite 203
Los Angeles, California 90025
Includes four training tapes for staff who will be leading parent workshops and/or counseling mentally retarded adults.

"People First"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406

Filmstrips
"Aging" Life Cycle Series
Eye Gate Media
146-01 Archer Avenue
Jamaica, New York 11435

"Get In Touch With Your Emotions"
Kimbo Educational
P.O. Box 477
86 South Fifth Avenue
Long Branch, New Jersey 07740

Mannequins

Life-size female and male with overlays of external and internal body parts and clothing.

Medical/Dental Equipment

- A. blood drawing equipment
- B. blood pressure gauge (sphygmomanometer)
- C. dental mirror, probe, and forceps
- D. magnifying glass
- E. Medic Alert data
- F. reflex hammer
- G. samples of medications illustrating a variety of forms (liquid, tablet, spray, ointment, etc.)
- H. speculum
- I. stethoscope
- J. tongue depressors
- K. x-rays of various bones and organs

Models of Genital Anatomy

Three dimensional models of male and female genitalia
The Pleasure Chest Sales Ltd.
Wholesale Manager
20 West 20th Street
New York, New York 10011

Pelvic Model

Internal view (female)
Ortho Pharmaceutical Corp.
Rt. 202
Raritan, New Jersey 08869

465

Posters

smoking and handicaps

Projectors

16mm film
Filmstrip with sound cassette capacity
35mm slide
projection screen

Puppets, hand

Slide Program

"Sexuality and the Mentally Handicapped"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406

Telephone

466

ALTERNATIVE RESOURCES FOR TEACHING AIDS

Adult Dolls

Adult rag doll creations with deliverable fetuses. Special features vary.

Effie Dolls
Mrs. Judith Franing
4812 48th Avenue
Moline, Illinois 61265
Male, female, infant. Appx. $50.00

Gender Dolls
Jim Jackson and Company
33 Richdale Avenue
Cambridge, Massachusettes 02140
Male, female, infant. Appx. $325.00

"Jim and Mary"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406
Male, female, infant. Appx. $125.00

Monkey Business
Box 2603
Tallahassee, Florida 32304
Female, male, infant. Appx. $75.00

Teach-a-Bodies
2544 Boyd Street
Fort Worth, Texas 86109
Female, male, infant. Appx. $50.00

Charts

"Human Sexuality: A Portfolio for the Mentally Retarded"
Planned Parenthood for Seattle County
2211 East Madison
Seattle, Washington 98144
A portfolio of 11" x 17" illustration cards with suggestions for discussion. Appx. $20.00

Life Size Instructional Charts
Planned Parenthood of Minnesota, Inc.
Ford Parkway
St. Paul, Minnesotta 55116
Life size charts for teaching male and female anatomy. Appx. $55.00

Films, 16mm, color

"Commencement"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406
An exploration of the issues a young mentally retarded man and his family face as he moves into adulthood. Family feelings are dramatized as they prepare him to leave home.
Screening time: 30 mins. Purchase $350.00
Rental $ 50.00

"How To Examine Your Breasts"
American Cancer Society
Check with your local chapter of the American Cancer Society for the loan of this detailed film on breast self examination.
Screening time: 6 mins. Rental: No charge

"They All Can Work"
Stanfield Film Associates
P.O. Box 1983
Santa Monica, California 90406
A documentary report of a Canadian recycling factory whose employees, men and women who are mentally and/or physically handicapped, receive on the job training supplemented by an after hours Life Skills Program. The success of this program prompts the

viewer to question the impact of overprotection vs. opportunity in regard to handicaps. Excellent.
Screening time: 30 mins. Purchase $375.00
Rental $ 35.00

"VD Attack Plan"
Walt Disney Productions
An entertaining and instructional animated film on VD.
Screening time: 10 mins.

Mannequins
Nova Scientific Corporation
111 Tucker Street
P.O. Box 500
Burlington, North Carolina 27215
Life-size three-dimensional torso with interchangable male and female genital organs. Skull and chest plates open to show internal organs which can be removed for examination. Appx. $925.00

Life Science Schoolmasters
Box 1941
745 State Circle
Ann Arbor, Michigan 48106
Three dimensional torso model without male or female differentiation. It opens to show internal organs and lungs, heart, and digestive organs are removable for examination. Model is 28" high and 12" wide. Appx. $189.00

Models of Genital Anatomy
Jim Jackson and Company
33 Richdale Avenue
Cambridge, Massachusettes 02140
Realistic models show external and internal anatomy. Female: (appx. $120-185). Male: (appx. $75-140).

Posters and pamphlets
The following agencies provide many informational and educational materials free of charge or for a small fee as a public service. Materials include catalogues, posters, pamphlets, films, slides, etc. Some materials are available in Spanish.

The American Cancer Society, Inc.
219 East 42nd Street
New York, New York 10017
Contact this central office or your local chapter for information about educational materials including pamphlets, films, and video-tapes.

American Heart Association
44 East 23rd Street
New York, New York 10010

American Lung Association
1740 Broadway
New York, New York 10019

CORE Communications in Health, Inc.
1290 Avenue of The Americas
New York, New York
This organization offers a wide variety of written and audio-visual materials relating to nutrition, health, gynecology, parenting, etc.

Medic Alert Foundation
P.O. Box 10009
Turlock, California 95380
A resource for information about and the purchase of Medic Alert ID bracelets and necklaces.

National Clearing House for Drug Abuse Information (NCDAI)

P.O. Box 416
Kensington, Maryland 20795
The NCDAI produces informational materials and posters on drugs, drug abuse, and prevention.

National Dairy Council
6300 North River Road
Rosemont, Illinois 60018
Good resource for information and teaching aids on nutrition.

National Heart, Lung and Blood Institute (NHLBI)
9000 Rockville Pike
Room 4A21
Bethesda, Maryland 20205
The Institute's annotated "Catalog of Information and Education Materials" lists materials available free of charge.

President's Council on Physical Fitness and Sports (PCPFS)
Washington, D.C. 20201
In addition to preparation of materials the council works with schools, clubs, and agencies in program design and implementation,

Teach Nutrition with Games
Nutrition Education Service
Montclair State College
Upper Montclair, New Jersey 07043
A booklet of 29 food and nutrition games. Appx. $1.00

Videotape

"20 Is Plenty"
United Cerebral Palsy of New York City
Attention: Professional Education Program
122 East 23rd Street
New York, New York 10010 Phone 677-7400
Through a series of vignettes, a cast of men and women with Cerebral Palsy effectively dramatize twenty things they want viewers to know about this handicap.
Screening time: 25 mins. Purchase $60
Rental $10
Also available through the One to One Lending Library.

ADDITIONAL RESOURCES FOR MATERIALS AND SPECIAL SERVICES IN NEW YORK CITY

The Coalition on Sexuality and Disability
122 East 23rd Street
New York, New York 10010
(212) 677-6474
Contact person: George Marshall Worthington

An organization of professionals and consumers whose purpose is the improvement of sexual health care services for disabled people. The coalition provides a series of public education programs and coordinates a pool of consultants available for technical assistance or speaking engagements on issues related to sexuality and disability.

March of Dimes Birth Defects Foundation
The Greater New York Chapter
622 Third Avenue
35th Floor
New York, New York 10017
(212) 922-1460
Contact: Education Department

The March of Dimes Birth Defects Foundation provides information about and referrals to twenty-four genetric counseling centers in the New York City area. It also has an extensive library on genetics, genetic syndromes, genetic counseling, maternal care, and other birth defects such as spina bifida, cleft lip and palate, etc.

New York City Department of Mental Health, Mental Retardation and Alcoholism Services
Bureau of Mental Retardation and Developmental Disability Services
93 Worth Street
Room 303
New York, New York 10013
(212) 925-6680

Although the Bureau is primarily a planning and contracting agency, Borough Coordinators provide an excellent source of information about services and resources available in your community.

Contact persons:		
	Brooklyn:	Jane Maguire
	Bronx:	William Lopez
	Manhattan:	Melinda Ribner
	Queens:	Joan Kovacs
	Staten Island:	Charles Browning

New York State Office of Mental Retardation and Developmental Disabilities

New York City County Services Group (Central Office) Resources

2 World Trade Center
56th Floor
New York, New York 10047

Contact person: Gail Saunders-Dirgen, Director of ICF/MR Facilities Inservice Training Unit
Phone: (212) 488-7781

The Inservice Training Unit has responsibility for the initial and ongoing inservice training of ICF/MR direct care and professional support staff. Information about the variety of programs available can be obtained from this office.

Contact person: Caryn Swanson, Director of Client Rights
Phone: (212) 488-7638

The Client's Rights unit provides clarification of state laws relating to the rights of the mentally retarded. The director is also chairperson of the OMRDD Review Board which determines the competency of a mentally retarded adult to give his or her informed consent for sterilization.

Borough Resources

New York State has established several Borough Developmental Services Offices (BDSO's) in each borough to coordinate local services for the mentally retarded and to provide technical assistance to those serving the mentally retarded. Resource materials available through the BDSO's vary from site to site. Contact your local BDSO office for information on the specific materials and teaching aids available for loan. The State has also established an Inservice Training Unit within each borough. These units, located on the grounds of the developmental centers, provide a variety of inservice training programs, a reference library, and some provide a lending library of audio-visual equipment and teaching aids for work with the mentally retarded.

Contact persons: Directors of Inservice Training Units.

Brooklyn:	Elaine Pomerantz	642-5300
Bronx:	Robert Spitalnik	430-0700 Ext. 859
Manhattan:	Rocco Menta	924-2912 Ext. 283
Queens:	Ruth Bogarsky	738-6200 Ext. 210
Staten Island:	Dorothy Piluikiewicz	698-1440 Ext. 595

One to One Foundation
1 Lincoln Plaza
New York, New York 10023
(212) 874-2410
Contact person: Mariette Bates, Director of Training
One to One promotes community awareness and acceptance of the mentally retarded. It also provides resources to those serving the mentally retarded including a lending library of audio-visual materials, a reference library, and a pool of consultants available for technical assistance or speaking engagements.

Planned Parenthood of New York City, Inc.
Reproductive Health Care and Disability Program
Margaret Sanger Center
380 Second Avenue
New York, New York 10010
(212) 677-6474
Contact person: Pamela S. Boyle, Coordinator
This agency provides services to men and women who are physically and mentally handicapped. Services include gynecological examinations: VD screening, family planning, infertility and abortion services. The facility has special communication devices for people with vision or hearing impairments and special equipment for those who are physically limited or use wheelchairs. Small groups can visit the center for orientation and education. Individual counseling is available for those who need special support prior to the physical examination. Consultants are available for speaking engagements.

Sex Education and Information Council of the United States
Resource Center and Library
51 West 4th Street
Room 53
New York University
New York, New York 10003
(212) 673-3850
Contact person: Leigh Hallingby, Librarian
The resource center houses an extensive reference library on human sexuality; a collection of curriculae on sex education for the mentally retarded; and a collection of teaching aids for sex education.

Special Education Training and Resource Centers
Brooklyn: Edward R. Murrow High School
1600 Avenue L (Midwood area)
Brooklyn, New York 11230
(212) 258-0188

Public School #81
990 DeKalb Avenue (Bushwick area)
Brooklyn, New York 11233
(212) 443-6083

ADDITIONAL RESOURCES (cont)

Bronx: Public School #68
4011 Monticello Avenue
Bronx, New York 10464
(212) 325-7231

Manhattan: Junior High School #47
400 1st Avenue
New York, New York 10010
(212) 686-6120

Queens: Public School #201
65-11 155th Street
Room 200
Flushing, New York 11367
(212) 359-7107

Staten Island: Occupational Training Center
165 Tompkins Avenue
Staten Island, New York 10304
(212) 273-7800

SETRC provides a lending library of audio-visual materials, games, and other teaching aids, and technical assistance in the development of teaching aids for persons who are mentally or physically handicapped. Although SETRC is under the auspices of the New York City Board of Education, its resources are available to parents, staff of community agencies, etc.

The Voluntary Training Consortium for Residental Staff
AHRC Developmental Disabilities Clinic
12th Floor
200 Park Avenue South
New York, New York 10003
(212) 254-8203
Contact person: Pat Dionne, Director

An organization whose purpose is to identify and address the needs of staff who serve the mentally retarded in community residences. The Consortium coordinates a Speakers' Bureau of experts available for speaking engagements or workshops. Some speakers will address parent groups as well as staff. The Speakers' Bureau roster is available on request.

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GLOSSARY OF TERMS

ADAPTIVE BEHAVIOR - Behavior that shows how well the individual solves problems in his environment and how well he adapts to the behavioral expectations and standards of society.

ADULT ACTIVITY CENTERS - Centers that provide an appropriately structured and controlled environment to help develop the maximum potential of retarded adults by giving special educational assistance, training in self-help and communication skills, and exposure to activities of daily living (ADL).

ADVOCATE - An individual, whether a professional employed by a private or public agency or a volunteer citizen advocate, who acts on behalf of a mentally retarded person to secure both the services that the person requires and the exercise of his full human and legal rights.

AURA - The warning that some epileptic persons receive indicating that a seizure is coming on. This warning may take the form of strange sensations of fear or of sounds, smells, or other sensory impressions.

AUTISM - A condition observed in young children, characterized by severe withdrawal and inappropriate response to external stimulation.

ASSERTIVENESS TRAINING - A form of behavior therapy in which patients are taught appropriate interpersonal responses, involving frank, honest, and direct expression of their feelings, both positive and negative.

BIRTH INJURY - A trauma that occurs during the birth process that has either a temporary or a permanent effect.

BODY LANGUAGE - The messages transmitted by a person's body motions, which are a learned form of communication and therefore has meaning.

CEREBRAL PALSY - An impairment of motor functioning associated with brain dysfunction. Dating from birth or early infancy, it is non-progressive and characterized by aberrations of motor function (paralysis, weakness, lack of coordination) and often other manifestations of organic brain damage, such as sensory disorders, seizures, mental retardation, learning difficulties, and behavioral disorders.

CLASS ACTION - A case brought on behalf of the plaintiffs who are actually named in the suit and of all other persons similarly situated, to vindicate their legally protected interests.

CLASS MEMBER - A resident (client) of Willowbrook Developmental Center who was in the institution or on leave status as of March 17, 1972.

COMMUNITY RESIDENCES FOR DEVELOPMENTALLY DISABLED PERSONS - Any community-based residential facility in a non-institutional setting which operates 24 hours a day to provide services to a small group of mentally retarded and/or otherwise developmentally disabled persons who are currently or potentially capable of functioning in the community with some degree of independence. These living facilities may also be called group homes, hostels, boarding houses, halfway houses, or intermediate care facilities.

COMPETENCY - The capability of a mentally retarded person, 18 years or older, to participate in the planning and implementation of his or her service program. Competency is determined by the interdisciplinary treatment team or the Review Board, a committee established by the regional office of the New York State Office of Mental Retardation and Developmental Disabilities. Competence as used here, does not mean competence in the legal sense or infer a capacity to handle one's own financial affairs. Every mentally retarded adult is presumed to be competent unless it is determined otherwise.

CONSENT DECREE OR CONSENT AGREEMENT - An out-of-court agreement reached by the parties to a suit, which may be formally approved by the court.

CONSTITUTIONAL RIGHT - A legal right based on the United States Constitution or on a state constitution. Equal protection and due process of law are constitutional rights.

CORRESPONDENT - A relative or other individual (legal guardian, committee, or person designated by the administrator of the Developmental Center), who assists the client in obtaining services and is advised of significant events in the client's life. Correspondents for the Willowbrook Class Members are appointed by the Consumer Advisory Board, established by the Willowbrook Consent Judgment.

CULTURAL DEPRIVATION (CULTURAL DISADVANTAGE) - A constellation of environment factors that collectively are considered to cause insufficent or inappropriate learning on the part of children reared under such conditions. These learning deficiencies are seen to interfere with educational and social adaptation in the world at large, even though some of the learning is appropriate to the subculture.

CULTURAL FAMILIAL RETARDATION - Cases of mild mental retardation with no known cause that are associated with a family history of low intellectual functioning. In cases of this type one must find at least one parent and sibling that are also retarded. Such cases are found most commonly in low socio-economic class families.

DEINSTITUTIONALIZATION - The movement of individuals who are currently living in institutions to more appropriate community residential settings. Also refers to the prevention of inappropriate placement in institutions.

DEPENDENT MENTALLY RETARDED - Those retarded persons requiring supervision in social, academic, and daily living activities.

DEVELOPMENTAL DISABILITY - A disability that originates before the age of 18, that may be expected to continue indefinitely, and that constitutes a substantial handicap to an individual. The disability is attributable to mental retardation, cerebral palsy, epilepsy, or other neurological conditions and includes autism when it is found to be closely related to mental retardation and to require treatment similar to that required for mentally retarded individuals.

DOWN'S SYNDROME (MONGOLISM)- A syndrome usually characterized by trisomy of chromosome 21. It accounts for the largest number of mentally retarded persons where etiology can be established. Mental retardation is accompanied by various clinical manifestations, among the most apparent of which are epicanthic folds, large tongue, broad and flat bridge of the nose, and poor muscle tone.

DUE PROCESS OF LAW - A right to have any law applied reasonably and with sufficient safeguards, such as hearings and notice to insure that an individual is dealt with fairly. Due process is guaranteed under the Fifth and Fourteenth Amendments to the United States Constitution.

EDUCABLE MENTALLY RETARDED (EMR) - That subgroup of retarded students capable of mastering fundamental academic skills such as reading and arithmetic. As adults, former EMR students are usually self-sufficient and independent. An approximate IQ range for this group is IQ 50 to 70.

GLOSSARY (cont)

EMOTION - A feeling such as fear, anger, grief, joy, or love which may not always be conscious.

ENCEPHALITIS - An inflammation of the brain caused by the response of tissue to toxins or infections.

EPILEPSY - A chronic symptom of cerebral dysfunction characterized by recurrent attacks involving changes in the state of consciousness, convulsive movements, or disturbances of feeling or behavior sudden in onset and brief in duration. Episodes are associated with excess neuronal discharge, the sites of which determine the clinical manifestations of the seizure.

ETIOLOGY - The cause or origin of a condition or disease.

FAMILIAL MENTAL RETARDATION - Those cases of mild mental retardation with no evidence of pathology and with at least one sibling and one parent also in the IQ range roughly below 80.

FEEBLEMINDED - A term no longer used, but that in the past referred to individuals with milder forms of retardation.

FUNCTIONAL RETARDATION - A term used to describe a child of normal intelligence who functions poorly due to cultural or emotional deprivation. Given the right kind and amount of stimulus, such a child may improve immeasurably.

GUARDIAN - An individual who has legal control and management of the person, or of the property or estate, or of both the person and the property of another. A natural guardian is a parent lawfully in control of the person of his minor child; natural guardianship terminates when the child attains his majority. A legal guardian is one appointed by the court. A guardian of the person is one appointed to see that the mentally retarded person has proper care and protective supervision in keeping with his needs. A guardian of the property or estate is one appointed to see that the financial affairs of the mentally retarded person are handled in his best interests. A guardian ad litem is one apponted to represent a mentally retarded person in a particular legal proceeding, without control over either his person or his estate. A public guardian is a public official empowered to accept court appointment as a legal guardian. A testamentary guardian is one designated by the last will and testament of a natural guardian.

HANDICAPPED INDIVIDUAL - A person significantly hindered in his learning, social behavior, or occupational performance as a consequence of a physical, mental, emotional, or speech disability. Some developmentally disabled persons are not handicapped while others may be handicapped either in only one area of performance (e.g. learning) or in several areas.

HOSTEL - A relatively small, community-based group home providing supervision of residents' needs but allowing for community involvement to the maximum extent of the individual's capability.

HYPERACTIVITY - Excessive activity level for an individual of a particular age in a given setting; above-normal use of energy.

HYPOACTIVITY - Lower than normal use of energy for an individual of a particular age in a given setting; often described as sluggishness, listlessness, or slowness of movement.

IDIOT - An obsolete term formerly used to refer to an IQ level below 25 or 30; analagous to the lower functioning retarded individuals.

GLOSSARY (cont)

IMBECILE - An obsolete term formerly used to refer to an IQ level between 25 or 30 and 50 (approximately equivalent to the TMR range).

INDEPENDENT FUNCTIONING - The ability to successfully accomplish tasks or activities demanded by the general community, including critical survival demands for that community and typical expectations for specific ages.

INSTITUTION - A public or private facility for mentally retarded persons where they reside 24 hours a day and that provides services to them. Generally speaking, the term describes larger facilities, as contrasted to small hostels or foster care homes that depend on outside agencies for such services as medical care.

INTELLIGENCE - A combination of abilities to perceive and understand relationships and carry on abstract reasoning, as well as one's total knowledge as measured by standardized tests such as the Stanford-Binet or Wechsler scales.

INTELLIGENCE QUOTIENT (IQ) - An index used to indicate an individual's relative level of performance on tests of intelligence. Formerly computed as mental age divided by chronological age times 100; now test manuals for major scales provide tables for converting scores to IQ in terms of standard scores.

INTERDISCIPLINARY TEAM - A team of professionals representing a number of different disciplines, such as social work, vocational rehabilitation, etc., which provide services to persons with developmental disabilities.

LEGAL INCOMPETENCE - The legal determination that a mentally handicapped person is unable to exercise his full civil and legal rights and that a guardian is required.

MALADAPTIVE BEHAVIOR - Behavior judged as significantly below acceptable standards for a person's age and cultural peer group; the judgment is based on an evaluation of independent functioning and acceptance of social responsibility. In the behavioristic framework, the phrase refers to any behavior judged as inappropriate by the behavior analyst.

MENTAL AGE (MA) - A measured level of mental ability derived from a test of intelligence.

MENTAL DEFICIENCY - A term sometimes used to designate that segment of the mentally retarded population whose intellectual deficits are due to organic causes. In other sources this term is used interchangably with mental retardation.

MENTALLY ILL - A category that subsumes a variety of conditions in which the individual has personal problems or exhibits maladaptive behavior for reasons other than limited intellectual ability.

MENTAL RETARDATION - A term used to refer to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

MENTAL RETARDATION - BORDERLINE - That subgroup of retarded people with an IQ between 68 and 83. Quite normal in appearance, they may function academically as high as a sixth grade level. If properly trained, they will be able to meet the job demands of a semi-skilled occupation and to live and function independently in the community.

MENTAL RETARDATION - MILD - The mildly retarded individual with an IQ from 52 to 67 often appears normal to the casual observer. He may achieve academic skills to a fourth grade level. He can benefit from vocational training and often can be a self-supporting unskilled or semi-skilled employee.

MENTAL RETARDATION - MODERATE - The moderately retarded individual with an IQ from 36 to 51 can generally progress from kindergarten to first grade school level. While he tends to be self-sufficient he may need supervision under mild stress. He may become partially self-supporting in an unskilled or service occupation.

MENTAL RETARDATION - SEVERE - With an IQ range of 20 to 35, these individuals have defects in motor development, speech, and language and in addition often may have physical handicaps.

MENTAL RETARDATION - PROFOUND - With an IQ of under 20, that subset of mentally retarded persons requiring intensive supervision for academic and social functioning and daily living.

MICROCEPHALY - A condition characterized by a small head and mental retardation ranging in degree from moderate to profound. It can be transmitted genetically (primary microcephaly) or it may result from lesions due to prenatal infections, trauma, or birth injury.

MORON - An obsolete term formerly used to designate that segment of the mentally retarded propulation with milder disabilities--roughly analagous to the EMR range.

MULTIPLY HANDICAPPED - A great number of developmentally disabled persons have one or more types of disabilities, such as impaired hearing or vision, or poor muscular coordination accompanying their mental retardation, epilepsy, and/or cerebral palsy.

NORMALIZATION - A principle stating that services and treatment for disabled persons be provided to enable them to reside in a manner as close as possible to what is normal in a given society, based on the individual's capabilities.

NEUROSIS - A functional disorder less severe than psychosis, but that interferes with the adaptation of the person exhibiting behaviors judged abnormal. Subsumes various manifestations including anxiety, hysteria, obsessions, and phobias.

OMBUDSMAN - A government official who assists citizens by investigating and acting as a liaison in complaints against the government. He assists a person in dealing with a government agency.

PERCEPTION - An awareness of neurologically transmitted stimuli, including visual, auditory, tactile, and kinesthetic sensations. As measured, perception includes both the awareness of the stimuli and the reaction or response made by the organism.

PERSEVERATION - A response pattern characterized by the involuntary continuation of a response beyond the point of being correct. It involves an inability or unwillingness to shift to a new response pattern or mental until the original pattern has run its temporal course.

PREMATURITY - A gestation period of less than 38 weeks. Newborns weighing 2500 grams or less have often been referred to as premature, but low birth weight can also be caused by a slower growth rate, so birth weight alone is insufficient basis for inferring prematurity.

PRENATAL - A term referring to the period before birth.

PRIVATE ACTION - A case brought on behalf of one or more individuals to vindicate violation of their legally - protected interest. As distinguished from a class action suit, where the relief will apply to all persons similarly situated or within the class represented by the plaintiffs, any relief granted in a private action applies only to those plaintiffs actually before the court.

PROGNOSIS - A prediction of the future mental, physical, social performance of an individual.

PSYCHOMETRICS - The measurement and evaluation of behavior; the aspect of behavior receiving the most attention has been intelligence.

REHABILITATION - Restoration of a skill or restoration of efficiency to a level compatible with partial or complete vocational and social independence.

RESIDENT - The general term used to refer to mentally retarded persons who receive services from a residential facility.

RESPITE CARE - Temporary care designed to relieve parents of the fulltime responsibilities of caring for handicapped persons in or outside of the home for short, specified periods of time on a regular or intermittent basis. Services are provided as needed on an individual basis in order to meet planned or emergency needs or to restore or maintain a family's physical or mental well-being.

SHELTERED WORKSHOP - A facility which provides occupational training and/or protective employment for mentally retarded persons and/or persons with other handicapping conditions.

SLOW LEARNER - A term sometimes used to describe children whose academic, intellectual, and social behavior are below the mean for their peer group but above the cutoff for mental retardation (on IQ, it would be those cases between one and two standard deviations below the mean). In a few states this term has been used synonymously with EMR, but this is not common.

SPECIAL CLASS - A class, usually in a school setting, that provides special instruction for mentally retarded children as well as for other types of students with special needs.

SOCIAL RESPONSIBILITY - The ability of the individual to exhibit behaviors reflecting acceptance of accountability as a member of a social group. Behaviors indicating social responsibility include conformity, emotional maturity, and social adjustment. It is one component of adaptive behavior.

TRAINABLE MENTALLY RETARDED (TMR) - That subgroup of retarded students who are capable only of very few basic academic skills. These students can profit from training in self-help skills, social behavior, and certain vocational skills. Approximate IQ guidelines for this group range from 25 or 30 to 50 or 55.

WILLOWBROOK CONSENT DECREE - A judgment issued in 1975 that stipulates conditions under which Developmental Centers are to be run and outlines a plan for community placement of mentally retarded residents. It also lists the rights and services for class members and this has become the basis for policy development.

WORK ACTIVITY CENTER - A facility planned and designed exclusively to provide therapeutic activities to handicapped clients whose work capabilities are severely limited and inconsequential. Under a special sheltered workshop certificate, they are allowed to pay clients less than 50% of the minimum wage.

SUBJECT INDEX

Abortion, 4, 7, 10, 11, 13, 123, 137, 139
Adolescence, 68, 75, 139
Adoption, 137, 139
Adult behaviors, ii, 1, 4, 25, 26, 62, 68, 79, 86, 91, 107, 143, 156
Adulthood, 68, 69, 70, 77
Agency needs, 2
Aging, 52, 63, 64
"Aging," 68, 72, 228
Alcohol, 188, 196
Audiovisual materials, ii
Behavior changes, 50, 54
Birth, 63, 64, 123
Birth control, 47, 113, 120, 135-137, 139, 182
"Board and Care," 80, 85, 86, 88, 106, 156, 157, 228
Body language, 82, 83, 246
Brain, 39-40, 41, 42, 43, 45, 105, 188
Breasts, 29, 124, 131, 181, 183
Breast examinations, 123, 181, 183
Cerebral Palsy, 98, 100, 105, 246
Childhood, 68, 69, 74, 109
Choking, 43, 44, 193
Cigarettes, 41
"Circles" concept, 161
Circumcision, 29, 57
Client groups, 18-21, 22, 25, 26, 27, 33, 50, 96, 97, 123, 168, 175, 176, 183, 195
  logistics, 19-20, 226, 227
  pretests-postests, 21
  teaching techniques, 20, 22, 25, 27, 33, 34, 48-49, 50, 55, 62, 63, 67, 72-73, 79, 80, 86, 90, 96, 102, 106, 116, 123, 138, 149, 155, 163, 167, 168, 169, 184
  termination, 168, 175, 183, 189, 190
  workbooks, 21, 22, 24, 25, 26, 195, 251
Clitoris, 46, 47, 57, 115, 129, 177
Conception, 123, 130, 140
Consent, 9, 10, 12
Contraception, 10, 11, 12, 13, 14, 15, 123, 130, 135, 136, 138, 139, 182
Dating, 159-161, 163
Death, 62, 63, 64, 65-66
Desensitization 4, 106
Developmental stages, 68
Diet, 42, 43, 170
Drugs, 168, 170, 184-189, 196, 197, 198
Egg, 45, 46, 47, 64, 95, 130, 131, 135
Emergencies, 187, 190, 194
Emotional handicaps, 94
Epilepsy 94, 105, 186, 248
Erection 109, 128
Exercise, 38, 39, 41,43, 48, 132, 170
Familes of mentally retarded adults, see Parents of MR adults
Feelings, 79-90, 91, 107-116, 117, 118, 119, 122, 150, 152, 154, 157, 161, 163, 164
"Feelings," 80
Fertilization, see conception
Fetus, 130, 131, 132, 133, 137, 140
First Aid, 168, 193
Foster families, 151-154
Friendship, 120, 156, 157-158, 160-162, 163
Genitals, 29, 30, 31, 44-46, 57, 109, 112, 113, 115, 126, 129, 168, 176, 177-178, 179, 180
"Get In Touch With Your Emotions," 80, 229
Gonorrhea, 178, 179, 196
"Got To Be Me," 80, 81, 85
Group homes, 151-154
Gynecological examinations, 123, 182
Handicap, 52, 55, 65, 91-106, 121-122, 134, 152, 165, 248
Homosexuality, 13, 14, 108, 113, 140
Hygiene, 31, 44, 48, 123, 126, 129
Hymen, 57
Incest, 108, 114, 140

SUBJECT INDEX (cont)

Infancy, 74
Informed consent, 10-11
"Inside Me," 34, 35
"Jim and Mary Dolls," 13, 27, 31, 108, 114, 123, 125, 130, 133, 176, 177, 182, 228, 230
Legal issues, 8-10, 138, 188
Legal rights, 3, 8-10, 12, 220, 221
Lending library, ii, 3-4, 21, 228-229
Lice, see pubic lice
Life cycle, ii, 62-78, 79
Mainstreaming, ii
Mannequins, 22, 24, 25, 27, 28, 29, 31, 34, 35, 37, 39, 40, 41, 43, 45, 46, 48, 50, 55, 108, 123, 130, 176, 177, 183, 229
Marriage, 9, 13, 71-72, 114, 117, 118, 120, 122, 138
Masturbation, 13, 14, 15, 108, 111, 112, 113, 114, 115, 116, 136, 138, 140
Medic-alert braclets, 184, 187, 195
Medical examinations, 123, 168, 169, 172-174, 176, 178, 181, 182-183, 229
Medication, 168, 170, 174, 178, 180, 184-189, 192
Menstruation, 46, 47, 52, 75, 123, 125 - 127, 131, 138
Mental retardation, ii, 4, 6-15, 18-19, 35, 94, 103-106, 122, 134, 152, 249-250
Miscarriage, 132, 140
Neruological examinations, 39, 40
"911", 190, 194
Nocturnal emissions, 76, 114, 123, 128-129, 140
Nutrition, 38, 43, 44, 132, 170
Orgasm, 114, 115, 140
Ovaries, 46, 61, 173, 177, 182
Parenthood, 13, 15, 71-72, 117, 120-122
Parents of the mentally retarded, 1, 3, 4, 5, 11, 15-18, 150-154, 226, 227
Penis, 29, 45, 46, 57, 109, 114, 115, 119, 129, 130, 177, 178, 179, 181, 182, 183
"People First," 4, 92, 93, 103, 106, 144, 149, 228
Personal care products, 27, 31, 46, 125, 126, 127
Petting, 108, 111
Policy development, 3, 8, 222, 223-224, 225, also see rules
Pregnancy, 45, 46, 123, 131-134
Prematurity, 95, 134, 141, 250
Prostitution, 119, 141
Psychological testing, 169, 173-174
Pubic lice, 176, 180, 183
Public and private, 27, 28, 30, 33, 34, 48, 110, 111, 112, 113, 115, 117, 126, 127, 129, 130
Rape, 11, 48, 114, 119, 141
Relationships, 120, 143-167
Religious issues, 6, 8, 12-14
Reproduction, 29, 45-48, 107, 123-138
Reproductive system, 34, 45-48, 176, also see sex organs
Research on mental retardation, 6-7, 8
Rules, 23, 143, 144, 145, 147-148, 149, 150, 152-153, 164, 165, 166, 191, also see policy development
Self-advocacy, 150, 167, 143
Senior citizens, 68, 70
Sex education, 4, 15, 141,
Sex organs, 29, 30, 44-46, 57, 109, 112, 113, 115, 126, 129, 168, 176, 177-178, 180, 181, 182, 183, 184, also see reproductive system
Sex therapy, 4
"Sexuality and the Mentally Handicapped," 27, 28, 29, 31, 32, 34, 46, 55, 108, 114, 117, 120, 121, 123, 125, 128-129, 131, 132, 133, 135, 136, 176, 177, 178, 229, 240
Sexual feelings, 15, 46, 47, 107, 108, 109-116, 117, 118, 120, 123, 124, 128-130, 137, 138, 163
Sexual intercourse, 9, 13, 45, 46, 47, 48, 108, 111, 112, 113, 114, 119, 123, 129, 130, 135, 136, 141, 177, 178, 180
Sexual rights, 8
Special services in New York City, 233
Sperm/semen, 45, 46, 64, 95, 114, 129, 130, 135, 136
Staff training groups, 2, 3, 55, 85, 102

Sterilization, 7, 9, 10-11, 12, 13-14, 15, 123, 136-137, 141, 142
Street language (slang), 26, 28, 29, 33, 34, 46, 109, 114
Syphillis, 178-179, 197
"Systems of the Human Body," 34, 35
Teachable moment, 21, 25, 68
Testicles, 29, 46, 57, 61, 130, 177
"This Is Me,", 51
Tubal ligation, 136, 142, also see sterilization
"20 Is Plenty," 92, 93, 103, 106, 232
United Nations Resolution on the Rights of Mentally Retarded Persons, 12, 221
Umbilibal cord, 131, 142
Urinary tract infections, 176-178, 181, 183
Uterus, 45, 46, 47, 61, 125, 130, 131, 133, 134, 135, 136, 177, 182
Vagina, 29, 30, 45, 46, 47, 57, 109, 115, 119, 129, 130, 133, 134, 136, 173, 177, 181, 182, 186, 197
Vaginal discharge, 125, 127, 178, 179, 183
Vasectomy, 136, 141-142, also see sterilization
"VD Attack Plan," 176, 178, 231
Venereal disease (VD), 15, 119, 176, 178-180, 183, 196, 197
Wet dreams, see nocturnal emissions
Womb, see uterus
Work, 164-167